

# HEALTHY PEOPLE



*Consortium  
Action*





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary  
for Health  
Washington DC 20201

Dear Colleague:

I am pleased to present the *Healthy People 2000 Action Series* for your use and information. During the year and a half since release of *Healthy People 2000*, the one question I am asked most frequently is "what exactly are you doing to achieve the national objectives?" The *Action Series* is the beginning of an answer to that question. It describes the breadth of current action to achieve the Nation's health goals and objectives for the year 2000.

The Public Health Service is committed to achieving the three overarching goals and 300 specific objectives of *Healthy People 2000*. The three year, nationwide process used to set the goals and objectives determined what we needed to accomplish in the decade of the 1990s. We have accepted that challenge. Our task now is to determine how to achieve these national goals, then to achieve them.

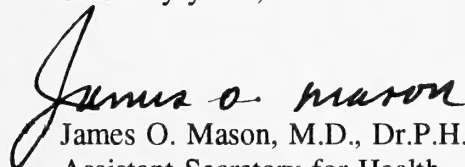
The *Action Series* is the second step in the process, in that it is a critical resource for determining how to achieve goals and objectives. The Series lays out a baseline of current actions to accomplish the objectives being taken by the Public Health Service, the States, and national membership organizations of the Healthy People 2000 Consortium.

An impressive array of activities is described in the Series. *Public Health Service Action* describes nearly a thousand activities, ranging from low-cost information services to one hundred million dollar health services programs. *State Action* contains profiles from all 50 States and the District of Columbia, describing their objectives-related actions, their plans for achieving their objectives, and noting who has been involved in their efforts. *Consortium Action* describes some of the private sector actions that support our national health goals and objectives.

Nonetheless, the Series is not intended merely to impress. It is an information resource, connecting people who need to know what is going on to the people who can tell them. It is a baseline against which we can measure our efforts to expand activities. Finally, it is an integral element of strategic planning for the Public Health Service. We will use the Series to determine gaps, untapped opportunities, and unnecessary overlap and use this information to adjust our plans for achieving the objectives.

I commend the Series to you. I am counting on you to use this wealth of information to contribute to efforts to achieve *Healthy People 2000*.

Sincerely yours,

  
James O. Mason, M.D., Dr.P.H.  
Assistant Secretary for Health





# HEALTHY PEOPLE 2000

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## *Consortium Action*

OFFICE OF MINORITY HEALTH  
Resource Center  
Call Toll-Free  
1-800-444-6472

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# **Part I**

## **Introduction**



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*Meeting the  
Healthy People 2000  
Challenge*



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# The Action Series

*Consortium Action* is one publication in the *Healthy People 2000 Action Series*, a three-part set that includes *Consortium Action*, *State Action*, and *Public Health Service Action*. The *Action Series* describes elements of a nationwide effort to achieve the year 2000 national health objectives and demonstrates that achieving these objectives is a responsibility shared by the Federal Government, State governments, and private organizations. *Consortium Action* describes support for the national health objectives arising from the more than 325 national membership organizations of the Healthy People 2000 Consortium.

*State Action* describes how the States and Territories (also members of the Consortium) are setting and pursuing health objectives, with particular attention to their use of coalitions and partnerships. *State Action* can be used as a directory to State programs and resources.

*Public Health Service Action* describes the programs and activities of the U.S. Public Health Service (PHS), listing the activities of the eight PHS agencies and noting resource levels for their Healthy People 2000 activities in Fiscal Year 1991. *Public Health Service Action* includes discussion of the strategies the PHS agencies have for accomplishing the objectives for which the Assistant Secretary for Health has given them lead responsibility. The document serves both as a comprehensive listing of supporting activities and as a directory to agencies and resources.

At the philosophical core of the *Action Series* is the premise that national, not merely Federal, efforts are needed if we are to substantially improve the health of Americans in ten years time. The United States is a diverse democracy of 250 million people; single solutions from single entities or organizations will not meet the health needs of all Americans. Our solutions must be as diverse as our people. Thus, contributions from government at all levels, the private sector, and nonprofit organizations are integral to effective health promotion and disease prevention programs conducted on a national scale. The *Action Series* is an attempt to codify and publicize some of the many programs that are going forward, direct individuals and organizations to appropriate available resources, and in doing so, establish a baseline of health activities to which we can compare ourselves in the coming years. See Appendix I for a complete list of the *Healthy People 2000* objectives.

## Who Are the Consortium Members?

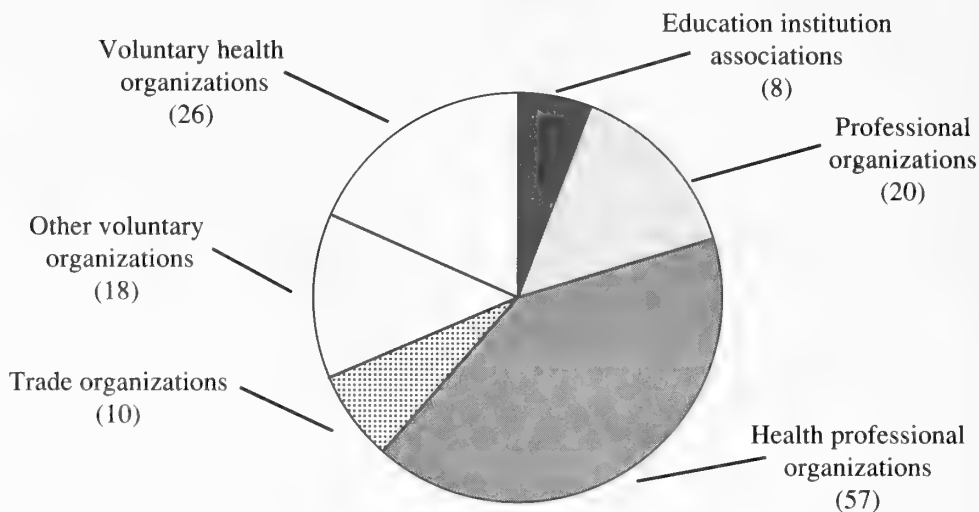
The Healthy People 2000 Consortium is made up of more than 375 organizations (see Appendix II). In addition to 54 State and Territorial Health Departments, the Consortium includes organizations that are national in scope, organized to include members (individuals, institutions, or affiliates), and interested in improving the health and well-being of all Americans. Members of the Consortium come from the full spectrum of American life. Consortium organizations represent older people, American Indians, nurses, educators, families, children, and corporations. Members have a special interest in health statistics, lung diseases, computer networks, child safety, and mental health. Many other special interest coalitions have joined the Consortium, lending their support to achieving the national health objectives.

Consortium members are also broadly based in terms of the range of activities they describe that support achievement of the national health objectives. Nearly all members have publicized the objectives to their members; many have used their newsletters and journals to solicit comments on the draft objectives and to let their members know about release of the goals and objectives in September 1990. Many others have highlighted the objectives at their annual meetings, used achieving the objectives as the theme for their annual conferences, or devoted conference sessions to discussion of how the organization and individuals can help achieve the objectives. Consortium members have also been innovative in developing specially tailored Healthy People 2000 materials for use by their members. Some have excerpted the objectives that are of particular

particular interest to their members; others have pulled together program materials and matched it with the objectives supported by the materials. Still others have developed new materials that reflect a new emphasis on achieving the national health objectives.

Of the 139 organizations included in *Consortium Action*, 18 are voluntary associations, 20 are professional organizations, 57 are health professional organizations, eight are education institution associations, 10 are trade organizations, and 26 are voluntary health organizations. Ranging in size from 13 members to 33 million, these 139 organizations have a total of 62 million individual members and nearly 14,000 institutional members. Five organizations have more than three million members each. The youngest organization contributing to *Consortium Action* is barely two years old; the oldest, a venerable 145 years old. Together, they bring nearly 6,000 years of experience to the drive to achieve *Healthy People 2000*.

### Consortium Organizations



### How To Put *Consortium Action* To Use

*Consortium Action* is intended to serve multiple purposes. First and foremost, it is a public statement in support of private actions to help improve the health of all Americans. As such, it is testimony to the notion that health is not the sole province of the medical care community or of governments. *Consortium Action* demonstrates that many organizations are long-established, active contributors to advancements in Americans' well-being. Although this document is not a comprehensive compilation of private efforts, through example and illustration it begins to complete the Healthy People 2000 mosaic.

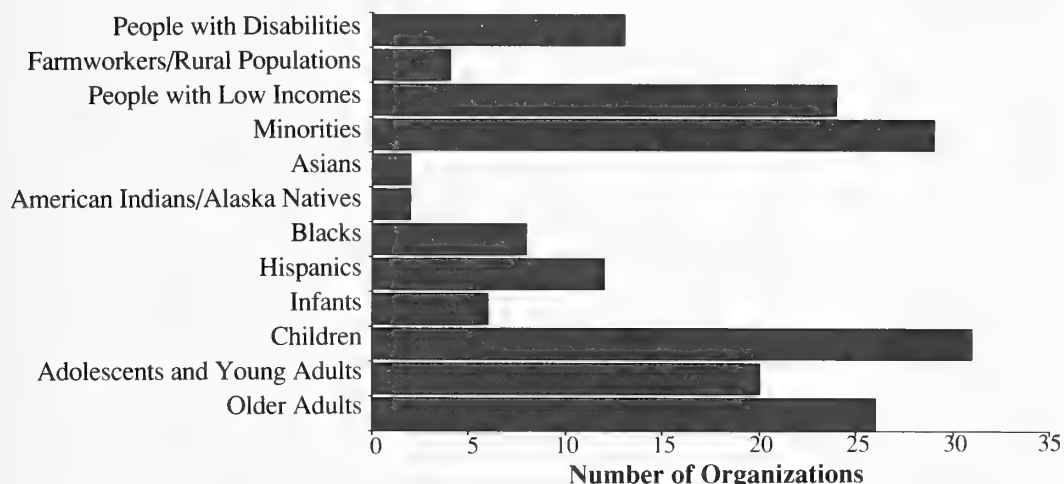
A second purpose of *Consortium Action* is to begin answering the question "What can my organization do to help the Nation achieve Healthy People 2000?" In these pages, 139 organizations describe their commitments and contributions to the decade-long effort to improve health. Again, *Consortium Action* is not intended to be an exhaustive list of program ideas; it merely reports on how some organizations are beginning to answer this question. Readers are expected to use the book as a source of ideas for what their organizations can do and as a means of connecting with individuals within organizations for help in getting started.

*Consortium Action* is also intended as a directory of potential partners. Organizations can use the material here to find organizations with a common mission, compatible methods of operation, or programs that would benefit from their particular expertise.

## Special Populations

Of the 139 organizations included in *Consortium Action*, 88 report activities for special populations. Supporting age-related activities, 31 organizations report activities for children, 26 for older adults, 20 for adolescents, and six report activities for infants. Activities for minorities and people with low-incomes are reported by 29 and 24 organizations respectively; thirteen organizations report activities for people with disabilities. Eight organizations report activities for blacks, twelve for Hispanics, and four report activities for farmworkers/rural populations. Only two organizations report activities for Asian Americans and two for American Indians/Alaska Natives.

### Consortium Organizations Reporting Activities Focused on Special Populations



To help readers quickly locate organizations that report activities for particular populations, *Consortium Action* includes a special population index. This index, organized according to age-groups and special populations, notes which organizations have programs for specific groups. Of course, it must be emphasized that the index includes only those organizations that *reported* activities for special populations; organizations may have activities they did not report. *Consortium Action* illustrates only a portion of the drive to reduce health disparities among Americans and to improve the health and well-being of special populations.

## For More Information

For ordering information on *Healthy People 2000* or other volumes of the *Healthy People 2000 Action Series*, contact ODPHP National Health Information Center: P.O. Box 1133, Washington, DC 20013-1133.



# **Part II**

## **Organization Profiles**



# Academy of General Dentistry

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Chicago, IL 60611  
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FAX 440-0559

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Chicago, IL 60611  
(312) 440-4300  
FAX 440-0559

**Type of organization:** professional association of practicing general dentists.

**Year established:** 1952

**Number of current members:** approximately  
33,000

**Mission:** to serve the needs and represent the interests of general dentists and to foster dentists' continued proficiency through high quality continuing dental education.

## Activities Supporting Healthy People 2000

The Academy of General Dentistry (AGD) is the second largest dental organization in North America, with more than 33,000 member general dentists whose practices are located in the United States and across the globe. The mission of the organization focuses on encouraging and providing continuing education for the practicing general dentist, who serves as the primary oral health-care provider for the majority of the American public.

The program offered through the Academy that is most closely aligned with the objectives of *Healthy People 2000* is our Smoking Cessation program, offered in conjunction with the National Cancer Institute (NCI). This program is directly related to objective 3.16 (primary care provider assistance in smoking cessation). The program is also related to most of the other objectives to reduce tobacco use and the subsequent risks of oral cancer.

For the past several years, our Annual Meeting program has included at least one workshop on smoking cessation, which assists our members in recognizing the signs and manifestations of tobacco use and in training them to help their patients discontinue use of tobacco products. Our program also includes an Oral Cancer Screening available free to members of the local community. We also promote the NCI program at the local level, particularly in individual dentist's offices, and several of our State organizations participate in community awareness programs. We will soon be focusing national attention on this issue as we have involved the National Baseball Commissioner as a volunteer spokesperson in the effort to promote smoking cessation programs.

## Planned Activities/Activities for Special Populations

At its meeting in February 1992, our Council on Dental Care discussed the need for a model that provides indigent populations with high quality dental care. We expect that the model discussed by the Council will focus on having members of State dental organizations provide emergency treatment to one or two indigent individuals per month, with referrals taking place through neighborhood health clinics.

## Aerobics and Fitness Association of America

Peg Jordan, R.N.  
AFAA  
American Fitness  
15250 Ventura Boulevard, Suite 310  
Sherman Oaks, CA 91403  
(818) 905-0040  
FAX 990-5468

**Type of organization:** professional fitness instructor association offering training, certification, and member benefits. Also, the Aerobics and Fitness Association of America (AFAA) publishes *American Fitness* magazine.

**Year established:** 1983

**Number of current members:** 30,000

**Mission:** to promote safety and excellence in exercise instruction and to provide national standards for safe instruction to the exercising public.

### Activities Supporting Healthy People 2000

AFAA is a grassroots organization providing hands-on education, training, motivation, workshops, and special events and conferences to both fitness instructors and exercise enthusiasts. AFAA members teach fitness programs in health clubs, aerobic studios, corporate fitness centers, wellness clinics, hospitals, schools, and community centers. AFAA supports their efforts by:

- Providing a bimonthly professional magazine on health and fitness: *American Fitness*;
- Providing a bimonthly professional newsletter on trends in the exercise industry: *Professional Edge*;
- Providing more than 65 monthly workshops in cities across the nation;
- Providing a nationally recognized certification program for aerobic instruction; and
- Providing the only specialty certifications for teaching exercise to:
  - People with physical challenges
  - Overweight/overfat people
  - Seniors
  - Children
  - Pregnant and postpartum women.

### Planned Activities

AFAA supports the goals and objectives of *Healthy People 2000* by:

- Publishing the set of objectives that AFAA members can have the greatest effect on and using our publications to keep those objectives at the forefront of members' career goals;
- Offering workshops that explain how to implement the objectives, e.g., How to Reach the Unconverted, and other outreach programs; and
- Teaching instructors how they can best serve their communities, recreation centers, and civic organizations.



# Alliance for Aging Research

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**Type of organization:** voluntary health organization.

**Year established:** 1986

**Mission:** to promote and support scientific research on human aging by effectively uniting America's most respected scientists, business and foundation executives, government leaders, and individuals.

## Activities Supporting Healthy People 2000

The Alliance for Aging Research (AAR) advocates increased medical research into several aging conditions and diseases that severely affect the ability of older people to perform activities of daily living (ADLs) and hinders their independence. The most important of these include osteoporosis, Alzheimer's Disease, urinary incontinence, and hip fractures resulting from frailty and falls. The Alliance conducts public education campaigns, publicizing important new developments in the field of aging research aimed at increasing independence of older Americans as called for in *Healthy People 2000*.

More than ten million people in the U.S. suffer from urinary incontinence, which can not only cause embarrassment and social isolation, but is a leading causes of nursing home placement; an estimated one half of the 1.5 million nursing home residents have incontinence. In this area, the Alliance is currently sponsoring a national public and professional education campaign in conjunction with the National Institute on Aging (NIA). The campaign is based on the results of a clinical trial sponsored by the NIA on bladder training as an effective form of therapy for urinary incontinence in older women.

## Activities for Special Populations

Alliance for Aging Research activities target improvements in the well-being of older adults.

## Alliance for Health

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Executive Vice President  
Alliance for Health  
72 Monroe Center NW., Suite 200  
Grand Rapids, MI 49503-2930  
(616) 459-1323

**Type of organization:** voluntary health organization.

**Year established:** 1948

**Number of current members:** more than  
250 members and contributors

**Mission:** to promote, for all residents of the area, the highest level of health that can be attained through involvement of the areawide community in planning and implementation.

### Activities Supporting Healthy People 2000

Alliance for Health provides voluntary community-based health planning, which helps achieve many objectives of *Healthy People 2000*. The Alliance is a nonprofit, broad-based coalition with a 21 member board of directors. It is a broad-based citizen controlled health planning organization that has worked for 44 years to ensure high quality health care at the lowest possible cost. Alliance for Health programs that meet *Healthy People 2000* objectives are listed below.

**Planning Board** - Consumer and provider members developed an areawide plan in 1985 that addressed health systems and health status needs in West Michigan. Members are currently updating the status section on cancer and system section on primary care. *Healthy People 2000* priorities have been reviewed by the Planning Board.

**Business Group on Health** - This group involves 42 businesses who collect and share health data and information among members for the purpose of promoting a high quality, cost-effective health-care system. They also talk about how businesses can work together on such issues as wellness, smoking in the work place, AIDS, and mental health.

**Physicians Advisory Group** - The Physicians Advisory Group is composed of 12 physicians who advise the Alliance for Health Board of Directors regularly about medical issues. The Group's current activities include the primary care physician shortage, AIDS, and emergency medical services.

**First Friday Forum** - This forum is scheduled the first Friday of each month, 10 times a year, and addresses current relevant health issues.

**AIDS Committee** - Eight regional health organizations, including local health departments, form this committee and share information and develop common approaches. Results of the committee include an AIDS resource directory, a News Media seminar, and development of media events.

**Health Expo Committee** - Health Expo is an annual regional event over a nine day period each October. It includes health exhibits, health screening tests, seminars, physical fitness events, and a media personality health challenge. More than 150 organizations participated in eight communities in West Michigan; hundreds of volunteers were involved and public attendance was in excess of 60,000.

**Health Update** - This is a magazine distributed 4-6 times a year to 10,000 readers, promoting better health. It features articles informing the public about health and health-care issues. Tougher State laws on drunk driving and safety belt use have been urged through *Health Update* in addition to information and statistics on AIDS, cardiovascular disease, and wellness, etc.

## Activities for Special Populations

Elder Care - This project is designed to establish coalitions in six different communities to develop non-traditional approaches to meeting the needs of at-risk older people. The project assesses specific needs of at-risk older people, examines systems that exist, and formulates action plans. This project is supported in part by a Federal grant through the Administration on Aging.

## Planned Activities

The long range plans for Alliance for Health and its committees consist of a continuation of identifying needs and community planning as new needs are identified. For example, invitations have gone out for all hospitals in the area to send a representative to a meeting to discuss hospital and community cooperation in addressing the AIDS program. In addition, plans are being made to include more organizations in the Health Expo.

The goals of *Healthy People 2000* are to increase the span of healthy life of Americans, reduce health disparities, and achieve access to preventive services for all Americans, all of which are and will continue to be pursued by the programs listed above.

## **Amateur Athletic Union of the United States, Inc.**

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Indianapolis, IN 46268  
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**Type of organization:** voluntary organization. The Amateur Athletic Union (AAU) is the largest nonprofit, volunteer organization in the United States dedicated solely to the promotion and development of amateur sports and physical fitness programs. The AAU is also the only sports organization in the country that provides a multi-sport program for all age groups.

**Year established:** 1888

**Number of current members:** more than 213,000

**Mission:** to protect and promote amateur athletics and physical fitness for all Americans.

### **Activities Supporting Healthy People 2000**

The Amateur Athletic Union was established in 1888 by sports leaders who became the first to define amateurism and create standards and guidelines for amateur athletes in the United States. Over the course of a century, the AAU has grown from its original 15 member clubs into 58 associations and several thousand clubs encompassing the entire United States and its Territories, conducting local, State, regional, and national competitions. Thousands of dedicated volunteers provide the expertise and effort to administer the multitude of competitive events occurring throughout the Nation on an annual basis.

For many, AAU programs offer the opportunity to develop athletic skills or keep physically fit. For others, AAU has become a path leading to national and international competitions. At the 1988 Olympic Games in Seoul, Korea, athletes who grew up in AAU-sponsored programs accounted for 18 individual medals and contributed to 10 of the USA's team medals.

But even while the AAU has continued to grow, it continually embraces the basic principles upon which it was founded: to keep amateur athletics wholesome and to protect the mutual interest of its members while advancing and improving amateur sports. In doing so, the AAU has maintained the highest standards for the development of amateur athletic programs.

### **Activities for Special Populations**

#### **Chrysler Fund/AAU Physical Fitness Program**

The Chrysler Fund/AAU Physical Fitness Program represents a principal component in the AAU's overall concern for the health and well-being of the American public. Since 1943, the program has tested and examined the physical capabilities of America's youth, aged 6 through 18, while setting standards to motivate young boys and girls to participate in sports for development of physical fitness. The Chrysler Fund/AAU Physical Fitness Program is currently administered through the Indiana University School of Health, Physical Education, and Recreation, and is conducted annually in more than 39,000 schools nationwide.

#### **President's Challenge Youth Physical Fitness Awards Program**

At the end of 1988, the President's Council on Physical Fitness and Sports selected the AAU as the national administrator of the President's Challenge Youth Physical Fitness Awards Program.

The President's Challenge Program, established in 1966, recognizes students aged of 6 through 17 who demonstrate exceptional physical achievement. To qualify for the award, students must score at or above the 85th percentile in five test items. The program was designed to motivate youth to improve and maintain their physical fitness and to encourage the use of physical fitness tests in youth programs.

## **Planned Activities**

### **AAU James E. Sullivan Memorial Award**

The AAU James E. Sullivan Memorial Award was created in 1930 to honor one of the founders and past presidents of the AAU. In the years since that first historic presentation, the outstanding amateur athlete in the U.S. has been chosen annually to receive this prestigious award, based on character, leadership, sportsmanship, and athletic achievement.

### **AAU Sports Programs**

The AAU Youth Sports Program has consistently been one of the largest and most successful programs of its kind in the world of amateur athletics. Since 1948, the Program has helped youth across the country develop into solid citizens by providing organized athletic competition at the local, regional, and national levels. Athletes aged eight through 18, regardless of formal training, experience, or skill, are eligible to participate in as many as 15 different sports. The Program also teaches young people the importance of setting goals and then striving to achieve or exceed those goals. The AAU/USA Junior Olympic Games is the showcase event of the Youth Sports Program. First held in 1967 with 625 athletes competing in two sports, during its 25-year history the event has grown to include 15 different sports and more than 5,000 athletes and is the largest annual multi-sport competition for youth in the Nation. For athletes aged 19 and older, the AAU Adult Sports Program encourages participation and competition in a variety of sports.

### **Presidential Sports Award**

The Presidential Sports Award was created in 1972 by the President's Council on Physical Fitness and Sports with the goal of motivating individuals to participate in sports and exercise programs on a consistent, long-term basis. In 1987, the AAU was commissioned as the sole national administrator of the program, that includes nearly 50 sports and fitness activities. Awards are given to individuals 15 years of age or older who successfully participate in the program by meeting requirements specified for a particular activity.

### **AAU/Mar® Milky Way High School All-American Award**

The AAU/Mar® Milky Way® High School All-American Award acknowledges outstanding students for their commitment to academics, athletics, and community service. Scholarships are awarded on the State, regional, and national levels to high school seniors.

## American Academy of Family Physicians

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**Type of organization:** medical professional association.

**Year established:** 1947

**Number of current members:** 71,000

**Mission:** to promote excellence in health care and the betterment of the health of the American people.

### Activities Supporting Healthy People 2000

In February 1991, the American Academy of Family Physicians (AAFP) formally endorsed the three broad goals of *Healthy People 2000* and in June 1991, endorsed the 17 objectives targeting primary care providers. These objectives include smoking cessation, alcohol/drug abuse, HIV and sexually transmitted diseases, nutrition, immunizations, health screening, physical activity, and several issues relating to children and older people. The AAFP has and will continue to educate members regarding Healthy People 2000, through such means as articles and editorials in our publications.

Specific activities related to *Healthy People 2000* priority areas include:

#### Tobacco

AAFP offices and meetings are tobacco free (objective 3.11). We have established an anti-tobacco advertising and promotion policy (objective 3.15) and developed and sold to members the AAFP Stop Smoking Kit. The kit provides the clinical and practice resources needed to initiate smoking cessation as a routine part of clinical practice (objective 3.16). We provide courses for physicians and other health-care providers on how to do smoking cessation clinically and provide articles and other materials to support members in their smoking cessation activities.

#### Alcohol and Other Drugs

We are developing educational materials and a course in cooperation with Federal and other groups to help members better screen for alcohol and other drug use problems and to provide counseling and referral (objective 4.19).

#### HIV Infection

We developed a videotape and discussion guide for use in assisting members deal with their own emotional issues as well as those of their fellow health-care providers and families as they provide care for people at risk for HIV infection. Also we have provided a special printing of *AIDS: A Guide for Survival* for resale to members for use with their patients (objective 18.9). We helped develop a talk with slides for use by physicians and other health-care providers for educating 5th through 8th grade children about HIV (objective 18.10).

#### Clinical Preventive Services

We worked successfully to ensure funding for residencies to train family physicians and are working to assist in the establishment of Departments of Family Medicine in the medical schools that do not have them. We developed a formal position and program that support the goal of

access to a specific source of ongoing primary care for all Americans (objective 21.3). We reviewed, and with some modification, adopted the recommendations of the U.S. Preventive Services Task Force (objective 21.6 ). The tables for Periodic Health Examination are now approved and will be promoted to members.

### **Educational and Community-Based Programs**

We cosponsor the annual Patient Educational Conference that brings together all types of health-care providers, health educators, researchers, and the private sector. The meeting provides training, project reports, and research information (objective 8.12 and many other objectives).

### **Unintentional Injuries**

With the National Highway Traffic Safety Administration, we developed a course and materials for health-care providers to help them increase seat belt usage by their patients (objective 9.21).

### **Activities for Special Populations**

We have established a Committee on Minority Health Affairs and we gather data on a voluntary basis on the race and ethnicity of our members so that they may be identified as advocates and role models. We have also established an annual Policy Conference to give minority, women, and new physicians an increased voice in AAFP (objective 21.8).

### **Planned Activities**

We plan to survey a sample of our practicing members to establish a baseline of current activity for objectives we have endorsed. We will then survey again to see what progress has been made.

We will continue to review objectives beyond those we have endorsed and seek to develop or locate resources that will help other members meet the objectives. We will also continue to develop clinical management resources to help integrate disease prevention and health promotion into daily medical practice. An example being explored is laminated cards to be kept in exam rooms to prompt providers and patients.

We will start to use *Healthy People 2000* objectives as a major check point for selection of topics for our quarterly *Health Education Lifetime Plan (HELP)* Newsletter. This four page newsletter helps members integrate disease prevention and health promotion activities into routine clinical practice. We will seek to jointly fund issues with other groups on appropriate topics.

Finally, we plan to undertake an internal education process to ensure that all appropriate publications, continuing medical education producers, and meeting program planners, etc. are aware of the *Healthy People 2000* objectives endorsed by the Academy.

## American Academy of Nursing

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**Type of organization:** professional nursing society (Fellows are elected).

**Year established:** 1973

**Number of current members:** 830

**Mission:** to provide visionary leadership to the nursing profession and the public in shaping future health policy and practice that optimizes the well-being of the American people. The American Academy of Nursing (AAN), an independently organized body under the aegis of the American Nurses' Association, is comprised of nurses who have made significant contributions to the advancement of nursing and health care.

### Activities Supporting Healthy People 2000

A primary strategy for the Academy in addressing *Healthy People 2000* is to constitute expert panels that focus on the preparation of working documents relevant to the formulation of health-care policy in areas identified as national priorities for the year 2000. The current foci of the expert panels are:

- Children - Improving the health of school-aged children through the delivery of school-based health promotion/risk reduction nursing services;
- Adolescents and Young Adults - Prevention and intervention models for teenage pregnancy in ethnically diverse populations;
- Older Adults - Wellness and health promotion for older people;
- The Spectrum of HIV Infection - The nurse's role in prevention and care;
- Violence and Abusive Behavior - Prevention of violence and abusive behavior throughout the lifespan and protection of the abused;
- Culturally-Sensitive Health Care - Providing effective nursing care to minority populations; and
- Ethics of Care - Ethical issues in the provision of health promotive, preventive, and illness care services.

Working papers prepared by the expert panels are discussed in member forums at the annual meeting. This provides an opportunity to use the expertise of the larger membership in exploring the policy implications of the working papers. New expert panels are constituted to address emerging health issues identified by the academy membership.

Commissions build on the work of expert panels to develop policy proposals. For example, the Commission on Health-Care Policy is focusing on delivery and financing issues related to a continuum of care from health promotion through care in illness. A health policy position paper will be the product of the Commission's work.

The 1991 Annual Meeting of the Academy focused on "Women and Health Policy: International Perspectives." The meeting was sponsored in cooperation with The Center for Women's Policy Studies, The Clearinghouse on Women's Issues, and The National Women's Health Network.



Attention was given to how women can affect health policy as health policy makers, and to health promotion and prevention issues that women confront in self-care and care of dependent others throughout the lifespan.

## Activities for Special Populations

The American Academy of Nursing has formed expert panels that focus on improving the health/well-being of children, older adults, and minorities. The Academy also plans to prepare health policy recommendations addressing the health promotion/prevention needs of the Nation's special populations for dissemination to and discussion with other health disciplines and policy makers.

## Planned Activities

The American Academy of Nursing is planning to:

- Form linkages with other professional/lay groups to recommend new directions in health promotion and prevention policy;
- Facilitate scholarly debate among Academy Fellows on issues related to the priorities identified in *Healthy People 2000*;
- Establish a Distinguished Scholars Program that will provide support for health policy fellowships in key Federal agencies;
- Use *Healthy People 2000* as a framework for the development of additional expert panels and commissions;
- Analyze data from a recently completed survey of Fellows health policy activities; and
- Develop a network of Fellows engaged in membership/leadership in health policy groups focused on disease prevention and health promotion.

## American Academy of Ophthalmology

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**Type of organization:** medical professional association.

**Year established:** 1981

**Number of current members:** 18,000

**Mission:** to ensure appropriate, affordable, and accessible eye care for the public by serving the educational and professional needs of ophthalmologists.

### Activities Supporting Healthy People 2000

The Board of Directors of the American Academy of Ophthalmology (AAO) endorsed in February 1991 the Academy's active support of the vision-related objectives contained in *Healthy People 2000* (objectives 17.7, 17.10, 17.15, and 17.17). The Academy has and will continue to educate its members about the *Healthy People 2000* vision objectives and goals overall.

Since early 1991, the Academy has been working with various agencies of the U.S. Public Health Service (PHS) to incorporate into implementation strategies existing Academy programs to meet the eye disease prevention/eye health promotion goals specified in the *Healthy People 2000* objectives (reduction in significant visual impairment and reduction in the incidence of diabetic retinopathy, glaucoma, cataract, amblyopia/strabismus, and eye injuries).

#### Diabetes 2000 (Objectives 17.7 and 17.10)

In 1989, the Academy embarked on a multi-year, phased program called Diabetes 2000 that identifies and addresses the complex issues involved in the eye care of diabetic patients. Diabetes is the leading cause of new blindness among Americans aged 20 through 74. Providing the latest research findings to ophthalmologists and other physicians who care for diabetic patients is the first priority of Diabetes 2000, followed by patient education. Currently, not all diabetic patients are examined and treated by an ophthalmologist, and they can be asymptomatic despite the presence of high-risk proliferative diabetic retinopathy. Ultimately, improved access of diabetic patients to ophthalmologic care is expected as a result of closer collaboration between ophthalmologists and other physicians. The Academy has developed a slide script program on diabetic eye disease for family practitioners. Ophthalmologists around the country have been giving presentations at their hospitals and in their communities on the importance of early screening for diabetic retinopathy.

#### Prevention of Eye Injuries (Objective 17.7)

The Academy has been working in conjunction with two PHS agencies over the last year in an effort to reduce the incidence of eye injuries. The U.S. Food and Drug Administration (FDA), with input from the Academy, is developing an Eye Safety Learning Unit that will serve as a teaching tool at the secondary school and college levels. Students will receive instruction in eye safety practices including the wearing of protective eye wear during sports activities.

The Academy has also participated in the drafting of the U.S. Centers for Disease Control's (CDC) new national agenda for injury prevention and control. A section on ocular trauma has been incorporated in efforts to integrate prevention and control of eye injuries into Federal injury

control activities. A significant number of eye injuries occur from fireworks each year, and from bottle rockets in particular. The Academy is pursuing passage of a resolution through the American Public Health Association that would encourage States to enact legislation outlawing the sale of bottle rockets.

### **Research Needs (Objective 17.7)**

Working in conjunction with Research to Prevent Blindness and a coalition of other vision organizations, the Academy is pursuing increased funding for National Eye Institute (NEI) research. Additional funding would allow the NEI to pursue research that would improve the diagnosis and treatment of eye diseases cited in the *Healthy People 2000* objectives.

## **Activities for Special Populations**

### **National Eye Care Project (Objectives 17.7 and 17.17)**

A public service program called the National Eye Care Project (NECP) is sponsored by the Foundation of the American Academy of Ophthalmology. The primary purpose of the project is to help reduce the number of blinding eye diseases that occur in the 65 and older population; more than 50 percent of new cases of blindness occur in the over-65 age group each year. More than 7,000 ophthalmologists have volunteered to care for seniors who do not have access to an ophthalmologist. A toll-free information and referral service matches the senior citizen with the volunteer ophthalmologist closest to his or her home, and a comprehensive medical eye examination and care for any condition diagnosed is provided by the ophthalmologist at no out-of-pocket expense to the patient. More than 164,000 needy senior citizens have been referred to volunteer ophthalmologists in their communities since the inception of the NECP five years ago. Nationwide, more than a quarter-million people have called the Helpline for information about common eye diseases of older people or for referral.

### **Pediatric Eye Safety**

The Academy will be launching a pilot program in cooperation with a State ophthalmologic society that will be designed to reduce and prevent ocular trauma in children. The project will combine educational intervention and administrative and legislative changes to ensure that appropriate eye safety procedures are followed to minimize risks to children.

### **Diabetic Eye Care in Community and Migrant Health Centers**

The Academy will be working with the U.S. Health Resources and Services Administration (HRSA) to develop a program to provide physician education about diabetic retinopathy and to ensure early detection among the populations served by HRSA's community and migrant health centers across the country.

### **Minority Eye Care - National Black Health Study Group**

The Academy will be participating in a National Black Health Study Group to review and make recommendations concerning health conditions and health-care issues affecting African American patients.

## **Planned Activities**

### **Surveillance and Data Needs**

A mechanism is needed to track blindness in general and blindness due to diabetes in particular. The Academy will be working in conjunction with the NEI, CDC, and the National Center for Health Statistics (NCHS) to address this data need.

## American Academy of Orthopaedic Surgeons

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**Type of organization:** medical professional association.

**Year established:** 1934

**Number of current members:** 15,000

**Mission:** to foster and ensure the highest quality musculoskeletal health care through: education of orthopaedic surgeons, other health-care professionals, and the public; promotion of research; communication with other professionals and the public; and provision of leadership in the development of health-care policy. These and other purposes of the Academy exclusively are to foster, develop, support, and augment charitable, scientific, or educational activities.

### Activities Supporting Healthy People 2000

The American Academy of Orthopaedic Surgeons (AAOS), in conjunction with its members across the country, are involved in the development of and implementation of programs that relate both directly and indirectly to many of the objectives of *Healthy People 2000*. We have projects supporting the following issues/objectives:

- Physical activity and fitness (12 *Healthy People 2000* objectives, including one that specifically addresses physician involvement and the promotion of exercise);
- Sports- and fitness-related injuries;
- Occupational and accidental injuries;
- Osteoporosis;
- Hip fractures and their incidence;
- Low back pain and disability;
- Spinal cord injuries;
- Trauma care;
- Anabolic steroid abuse;
- Aids and occupational exposure;
- Exercise prescription; and
- Other important health issues and objectives that indirectly affect orthopaedic surgery.

The American Academy of Orthopaedic Surgeons has and will continue to educate its members regarding *Healthy People 2000*. For example, at the 1991 AAOS national meeting, a poster exhibit addressing the orthopaedic implications of *Healthy People 2000* was presented in conjunction with the President's Council on Physical Fitness and Sports. Also, the same topic will be highlighted in the AAOS bulletin, an educational vehicle that reaches all members of the organization. In addition to educating physician members, there are ongoing projects to educate the general public on these matters.

### Planned Activities

The American Academy of Orthopaedic Surgeons will continue development of existing programs as well as initiate other new projects that support *Healthy People 2000*.

## American Academy of Pain Management

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**Type of organization:** health professional organization (credentialing society).

**Year established:** 1988

**Number of current members:** approximately 4,000

**Mission:** multidisciplinary board certification in pain management.

### Activities Supporting Healthy People 2000

The American Academy of Pain Management (AAPM) brings together professionals from all disciplines who have an interest and expertise in pain control. The Academy concerns itself with standards of care, ethical delivery of care, and continuing education. Through education and publications, we are helping support the achievements and goals of *Healthy People 2000* through primary prevention and through amelioration of intractable pain.

### Activities for Special Populations

The American Academy of Pain Management is working with special populations and professionals who treat special populations. For example, we are working in the area of Sickle Cell and pain related to children and older adults.

### Planned Activities

During 1992, the American Academy of Pain Management will hold an annual conference. The conference will be held October 8-11, 1992, in Albuquerque, New Mexico. In addition, the Academy continues to publish its quarterly newsletter, *The Pain Practitioner*, and our peer review journal, *The American Journal of Pain Management*.

## American Academy of Pediatric Dentistry

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**Type of organization:** health professional organization.

**Year established:** 1948

**Number of current members:** 3,200

**Mission:** to improve the oral health of infants, children, and adolescents.

### Activities Supporting Healthy People 2000

In November 1990, the American Academy of Pediatric Dentistry (AAPD) endorsed the goals of *Healthy People 2000*. The AAPD has disseminated information regarding *Healthy People 2000* to its membership through various publications. Specific AAPD activities include:

- Tobacco (objective 3.11) - All AAPD offices and meetings have been declared tobacco free;
- HIV Infection (objective 18.9) - Sponsored a national conference/workshop, Oral Implications of HIV Infection in the Pediatric Population, and published final proceedings;
- Unintentional Injuries (objective 9.2) - Continued as a member of National Coalition to Prevent Childhood Injury (National SAFE KIDS Coalition);
- Unintentional Injuries (objective 9.13) - Promoted use of bicycle helmets through publications and other means;
- Unintentional Injuries (objective 9.19) - Developed policy regarding use of protective mouth wear during participation in contact sports and participated in media events to promote more widespread use of face protective shield in youth baseball;
- Oral Health (objectives 13.1 -13.16) - Published *Dental Health Objectives for Children for the Year 2000*, which supports and promotes all Oral Health objectives as they relate to children;
- Oral Health (objective 13.11) - Published patient education brochure on infant oral health; and
- Oral Health (objective 13.11) - Developed lecture and slides to be presented to USDA's Supplemental Feeding Program for Women, Infants, and Children groups regarding baby bottle tooth decay.

### Activities for Special Populations

AAPD activities target improvements in the health and well-being of infants, children, and adolescents.

### Planned Activities

AAPD plans to continue support and promotion of *Healthy People 2000* objectives, especially those oral health objectives that relate to children. AAPD plans to monitor oral disease patterns of children to assess progress in meeting oral health objectives.

# American Academy of Pediatrics

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**Type of organization:** medical professional association.

**Year established:** 1930

**Number of current members:** 41,000

**Mission:** to attain optimal physical, mental, and social health for all infants, children, adolescents, and young adults. To this end, the members of the Academy dedicate their efforts and resources.

## Activities Supporting Healthy People 2000

The American Academy of Pediatrics (AAP) has formally endorsed the goals of *Healthy People 2000* and is addressing virtually all of the objectives that target primary care providers. The Academy's Advisory Committee on Strategic Planning has developed long-term organizational goals, and these complement those developed for *Healthy People 2000*. AAP activities related to *Healthy People 2000* are described below:

### Physical Activity and Fitness

Objectives 1.4 and 1.5 - AAP recently published a public education brochure entitled *Better Health Through Fitness*. The brochure, which is geared towards children and adolescents, explains why fitness is important; defines the components of fitness (i.e., cardiorespiratory endurance); and encourages young people to do some type of vigorous exercise "every day or at least three or four times a week" for at least 20 to 30 minutes. Objective 1.6 - AAP developed a policy statement on "Strength Training, Weight and Power Lifting, and Body Building by Children and Adolescents." The statement outlines the benefits and risks of such programs, and offers guidelines for when, and under what circumstances, children should participate in a strength training program. Objective 1.9 - AAP developed a policy statement on "Physical Fitness and the Schools" and published a manual on school health, both of which state that school physical education programs should emphasize lifetime physical activities. They also state that schools should decrease time spent teaching the skills used in team sports.

### Nutrition

Objective 2.5 - A representative of the AAP participated on the coordinating committee of the National Heart, Lung, and Blood Institute (NHLBI) National Cholesterol Education Program which recently reviewed and approved the *Report of the Expert Panel on Blood Cholesterol Levels in Children and Adolescents*. The AAP Committee on Nutrition is presently engaged in merging the Academy's 1986 "Prudent Lifestyle for Children: Dietary Fat and Cholesterol" and 1989 "Indications for Cholesterol Testing" statements that will draw from the NCEP report. Objective 2.10 - The AAP Committee on Nutrition has previously generated statements addressing iron nutriture including "Iron Supplementation for Infants" (1976), "Vitamin and Mineral Supplement Needs in Normal Children in the US" (1980), and "Iron-Fortified Infant Formula" (1989). The Committee on Nutrition supported the AAP Washington Office in submitting comments in response to USDA's draft Nutrition Guidance for Child Nutrition Programs publication. The Academy suggested that strategies for assuring that adequate iron is part of a child's diet be included in the document.

## **Tobacco**

Objective 3.5 - The Academy developed a brochure entitled *Smoking: Guidelines for Teens* targeted to adolescent smokers to decrease their use of cigarettes. Objective 3.8 - The Academy has worked with the American Lung Association to promote the "Healthy Beginnings" kits, which include smoking cessation/prevention counseling guides for physicians and educational materials for parents that encourage the creation of smoke-free environments for newborns and young children. Objectives 3.8, 3.9, and 3.10 - The Academy has developed the following policy statements: "Involuntary Smoking—A Hazard to Children," "Smokeless Tobacco—A Carcinogenic Hazard to Children," and "Tobacco Use by Children and Adolescents." Objective 3.14 - The Academy, through its Division on State Government Affairs, has developed a legislative packet for AAP Chapters to support State laws and regulations to reduce tobacco use, including legislation on the restriction of minors' access to tobacco products, Federal excise taxes on tobacco, and clean indoor air.

## **Alcohol and Other Drugs**

Objective 4.12 - The Committee on Substance Abuse (COSA) in collaboration with the U.S. Alcohol, Drug Abuse, and Mental Health Administration's (ADAMHA) Office of Treatment Improvement (OTI) are working together to develop alternatives to jail for the pregnant addict. The goal is to identify and implement alternative treatment approaches to meet the needs of pregnant addicts and their families. Objective 4.13 - The Committee on Substance Abuse is revising a statement addressing the need for prevention and education in school curricula for Kindergarten through 12th grade. Objective 4.19 - The Committee on Substance Abuse is currently revising a statement on "The Role of the Pediatrician in Prevention and Management of Substance Abuse." This statement will address the importance of the primary care provider being knowledgeable in identifying and assessing substance use and abuse among their patients. The statement will stress the importance of primary care provider familiarity with community resources for possible referrals.

The Committee on Substance Abuse in conjunction with ADAMHA's Office of Substance Abuse Prevention (OSAP) and MACRO International, Inc. are overseeing the distribution and implementation of training programs for AAP Chapters to replicate the workshop that was presented in August 1990 at the AAP's Annual Conference. The goal of the past and current workshops is to increase the primary care providers ability to interview, assess, and treat the substance abusing patient.

## **Violent and Abusive Behavior**

Objective 7.11 - The Academy is working with the Center to Prevent Handgun Violence to develop public education and physician materials on the prevention of firearm injuries. The Academy is disseminating the *Report of a Forum on Firearms and Children* held by the AAP August 30 to September 1, 1989 and developing two policy statements addressing the hazards of firearms and highlighting why the adolescent population is at particular risk for firearms deaths and injuries. The Academy also developed State model legislation to call for a ban on hand guns. Objective 7.13 - The Academy is working with the American Bar Association on a joint Child Fatalities/Maltreatment project. This includes publications on *Child Fatality Review Teams: A How-to-Manual*; *Suspicious Child Deaths: Investigative Protocols*; and *Data Collection in Child Maltreatment Fatalities*. As part of the joint project, the Academy is providing technical assistance to communities interested in improving their response to child fatalities, developing national guidelines for infant and child death investigation, developing State model legislation mandating autopsies for unexplained deaths in children under the age of two years, and developing a policy statement on identifying sudden infant death syndrome.



## Educational and Community-Based Programs

Objective 8.3 - The Academy supported the development of an Early Intervention Parent-Physician Collaborative Project by the University of Iowa and has distributed materials on the project to AAP members for their use and implementation. Through the committee chairperson in each State, the Academy sponsors education, screening, and referral of preschool children with disabilities. Through programs at national, district, and State meetings, the Academy educates its members regarding developmental disabilities in preschool children. Objective 8.9 - A comprehensive family reference book, *Caring for Your Baby and Young Child: Birth to Age 5*, has been published and promoted nationwide. Objective 8.10 - Twenty community-based child health promotion projects have been established under an AAP collaborative grant program with the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration (HRSA). Objective 8.11 - Three child health promotion projects that serve racial and ethnic minority populations and are culturally appropriate have been established under an AAP collaborative grant program with the Maternal and Child Health Bureau (HRSA). Objective 8.14 - The Child Health Access Program, intended to improve access to health care for children by activities of AAP members, has been developed and implemented through a grant by the Robert Wood Johnson Foundation. The program emphasizes the use and redirection of existing community resources to meet the health needs of medically underserved children. In addition, the Academy is supporting and participating in the current campaign to have all children appropriately and fully immunized and is educating its membership regarding "immunization opportunities."

## Maternal and Child Health

Objective 14.9 - The Academy is a founding member of the Breast-feeding Promotion Consortium (BPC), a coalition of twenty health professional, government, and public health organizations who collectively promote breastfeeding. A major activity of the BPC is the planning of major media campaign specifically to realize this *Healthy People 2000* objective. Through the membership of participating BPC organizations, a network of State and local coalitions is being developed to support the media campaign and to continue breastfeeding promotion efforts after the campaign ends. In addition, BPC efforts will encourage the development of policies to support breastfeeding in the hospital environment and workplace. Objective 14.11 - In collaboration with the American College of Obstetricians Gynecologists, the AAP has published a multidisciplinary manual, *Guidelines for Perinatal Care*, that provides current recommendations on caring for pregnant women, their fetuses, and neonates. In addition, the Academy has embarked on a major initiative, including legislative, community-based, and public awareness efforts to ensure access to health care for all children and pregnant women. Objective 14.15 - The AAP promotes screening for genetic and metabolic disorders, and supports its State chapters on legislative-related issues. The Committee on Genetics continues to develop policy on advances in genetics.

## HIV Infection

Objective 18.1 - In 1987, the AAP established a Task Force on Pediatric AIDS with directives to respond to the U.S. Centers for Disease Control's (CDC) request for recommendations and to prepare statements on AIDS in children. This 12 member task force, with liaisons from the CDC and the National AIDS Program Office, has developed and is developing Academy policy statements addressing: "Health Guidelines for the Attendance in Day Care and Foster Care Settings of Children Infected With HIV"; "AIDS: Ethical Issues"; "AIDS: Financial Issues"; "AIDS: Psychosocial and Clinical Issues"; "The management of Infants, Children, and Adolescents With HIV Infection"; and "Addressing the Concerns of Pediatric Trainees Caring for Patients With HIV Infection". These statements attempt to reduce the incidence of HIV<sup>1</sup> through education of health-care workers and others. Objective 18.2 - The AAP Task Force on Pediatric AIDS has developed policy statements with specific recommendations to reduce the transmission of HIV infection among intravenous drug abusers and to reduce maternal fetal transmission. Statements entitled "Pediatric Guidelines for Infection Control of HIV in Hospitals, Medical

Offices, Schools, and Other Settings” and “Perinatal Human Immunodeficiency Virus (HIV) Infection” have been published. Statements on “Needle Exchange Programs” and “Perinatal HIV Testing” are in process. Objective 18.10 - The AAP Task Force on Pediatric AIDS has published a policy statement titled “Education of Children With HIV Infection.” Also, a statement titled “Adolescents and HIV Infection” is near completion. The AAP Committee on Sports Medicine and Fitness with the Task Force’s assistance published a statement titled “Human Immunodeficiency Virus in the Athletic Setting.”

### **Immunizations and Infections Diseases**

Objective 20.1 - The report of the Committee on Infectious Diseases (*Red Book*) 1991 is a major manual published by the AAP that provides specifics regarding immunizations and vaccine preventable diseases. In addition, the Academy regularly publishes policy statements regarding current progress and necessary changes related to the use of available vaccines. The Academy’s committee on Infectious Diseases is currently preparing a statement regarding the routine use of Hepatitis B vaccine in infants in the United States. Objective 20.7 - The Academy’s *Red Book*, which is regularly updated by the Committee on Infectious Diseases, specifically addresses prevention and treatment measures for serious infections including bacterial meningitis. Also, the Academy recently published a statement regarding the use of dexamethasone in the treatment of *Haemophilus influenza* meningitis. Objective 20.9 - The management of acute middle ear infection is a common topic of educational seminars sponsored by the AAP, and research in this area is regularly encouraged by the Academy. AAP organization is investigating the feasibility of submitting a proposal (RFP) to the U.S. Agency for Health Care Policy and Research regarding the management of Otitis Media for practice parameter development in conjunction with other health-care organizations.

### **Clinical Prevention Services**

Objective 21.3 - Eight community-based projects that provide primary care have been funded through an AAP collaborative grant with the Maternal and Child Health Bureau (HRSA): one project serves Hispanics; five projects serve blacks; all eight projects serve low-income people. Objective 21.4 - Through its State chapters, the AAP lobbies for legislation mandating coverage of child health supervision services recommended by the AAP. The AAP provides data on the cost (including independent actuarial studies), medical effectiveness, and societal benefits of preventive services for children to State legislatures and private insurers. Since 1986 AAP leadership has succeeded in enabling the passage of legislation in seven States. AAP State chapters are also promoting model legislation to eliminate financial barriers to immunizations through State purchase of vaccines and distribution through physicians’ offices. This program is operating in 11 States. Objective 21.8 - The Academy has developed a three part program, entitled “Responding to the Crisis in the Health Care Needs of Minority Children—Recruiting Minority Medical Students into Pediatrics.” Working in conjunction with the Student National Medical Association (SNMA), this program consists of a speaker series, luncheon, and clerkships. Additionally, the Academy hosts receptions at the SNMA annual meeting and contributes articles on options in pediatrics to the annual career issue of the *SNMA Journal*.

### **Activities for Special Populations**

AAP activities target improvements in the health and well-being of infants, children, and adolescents.

### **Clinical Preventive Services**

The Academy will be implementing a Task Force on Minority Children’s Access to Pediatric Care. The first directive to the task force is to recommend strategies to increase the number of pediatricians from underrepresented minority groups.

## Planned Activities

The American Academy of Pediatrics, through its Advisory Committee on Strategic Planning, meets annually to develop future goals and objectives. These incorporate many of the objectives delineated in *Healthy People 2000*. A major thrust of the AAP in support of Healthy People 2000 is in the prevention of diseases and injuries the physician in public education. AAP policy statements are regularly developed by a variety of committees throughout the Academy. Educational material developed is disseminated via publications, regularly scheduled seminars, and two annual Academy meetings. The Academy's Division of Quality Care is in the process of developing practice parameters to address prevention and treatment guidelines for several conditions including head trauma, asthma, and seizure disorders.

## Physical Activity and Fitness

AAP will develop a manual regarding physical fitness activities for children with chronic disease and disability. The Academy will also convene a national conference aimed at developing strategies for improving the level of fitness among children and adolescents.

## Nutrition

The etiology and treatment of obesity in childhood is the subject of an intended statement by the AAP Committee on Nutrition. The statement will include discussion of diet, exercise, and psychologic therapies. The Academy will also publish the next edition of its *Pediatric Nutrition Handbook* in the second quarter of 1992. The *Handbook* will include discussion related to the assessment of nutritional status, feeding from one year to adolescence, diet in the prevention of hypertension, nutrition, and infection, fast foods and organic foods, gastrointestinal disease, etc.

## Tobacco

The Academy and its Provisional Committee on Substance Abuse and the Environmental Hazards Committee is in the process of drafting an AAP policy statement advocating complete smoke-free environments in all schools, hospitals, and doctors' offices. The Academy is working with the National Cancer Institute to develop office materials for pediatricians to promote non-smoking, to identify children who smoke or live with smoking family members, to provide training for pediatricians on how to conduct smoking cessation classes in the office, and how to train other pediatricians to conduct these classes.

## Alcohol and Other Drugs

AAP's Committee on Substance Abuse has a published manual titled *Substance Abuse: A Guide for Health Professionals*, that devotes a chapter to implementing successful school-based prevention programs. ADAMHA and the Committee on Substance Abuse will be involved in the planning of a 1992 national conference that will focus on identifying the primary care provider's needs within substance abuse treatment and programming. Special focus will also be placed on reimbursement issues for the primary care provider.

## Violent and Abusive Behavior

AAP is continuing to build partnerships with the Center to Prevent Handgun Violence and other associations to reduce morbidity and mortality as a result of children's access to firearms. AAP is also finalizing the development of publications and policy statements addressing the hazards associated with firearms.

## Educational and Community-Based Programs

There are two more books planned for the health series: *Caring for your Adolescent*, to be published by early 1992, and *Caring for Your School-Age Child: Age 5-12*, scheduled for publication by early 1992. It is anticipated that, pending continued funding, additional projects will be established by the unique public-private partnership between the HRSA and the AAP. In addition, it is planned that the collaborative effort between the AAP and the Robert Wood Johnson

Foundation will become institutionalized within the Academy and will result in the establishment of community health projects throughout the country.

### **Maternal and Child Health**

The Academy will publish a 3rd edition of *Guidelines for Perinatal Care* by early 1992. The revised manual will expand on the issue of oxygen, early infant discharge, hyperbilirubinemia, radiation, perinatal loss, substance abuse, and surfactant replacement therapy. A Committee on Perinatal Health (AAP/ACOG/March of Dimes) has also been reconvened to revise the 1976 document *Toward Improving the Outcome of Pregnancy*, focusing on perinatal regionalization.

### **HIV Infection**

The Academy is planning to convert its current Task Force on Pediatric AIDS into a full standing committee to develop policy for this disease and to assist in the development of public education materials. The Academy will continue to support guidelines developed by the CDC about the spread of AIDS infection in the health-care system.

### **Immunizations and Infectious Diseases**

The Academy is currently involved in a massive communication campaign to better educate the public regarding the value of immunizations and to improve the overall immunization status of children in the U.S. The Academy's Committee on Infectious Diseases will continue to monitor the development of new and combined vaccines, and work with CDC and other appropriate agencies to develop immunization schedules for infants, children, adolescents, and young adults.

## American Association for Dental Research

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**Type of organization:** health professional organization.

**Year established:** 1922

**Number of current members:** 4,800

**Mission:** to promote the advancement of research in all sciences pertaining to the oral cavity, its adjacent structures, and their relation to the body as a whole; to use this knowledge for the promotion of better approaches to the prevention and treatment of oral disease; and to improve communication and cooperation among all investigators to share this knowledge for the benefit of all people.

### Activities Supporting Healthy People 2000

The American Association for Dental Research (AADR) supports the objectives outlined in *Healthy People 2000* and, in particular, the Oral Health objectives (13.1-13.16). Oral Health objectives 13.1 and 13.2 refer to reduction in dental caries and in untreated disease levels in both children and adolescents. AADR, through the research efforts of its members, has contributed in a major way to the dramatic reduction in this disease. AADR is continuing to promote research into dental caries, which still have a major effect on the oral health of young people.

Basic research by dental researchers has resulted in improved preventive techniques resulting in a lower incidence of tooth loss (objectives 13.3-13.4). AADR members will continue research in this field including developing new diagnostic methods to enable early intervention and prevention.

AADR, through its members' activities in periodontal research, has isolated the causative organisms of gingivitis and periodontal disease thus enabling new diagnostic and preventive methods to be applied (objectives 13.5-13.6). AADR members are also actively involved in oral cancer research, and the National Institute of Dental Research is working with the National Cancer Institute in research programs. The AADR Annual Meeting in 1992 includes a major symposium on oral cancer.

AADR continues to support the fluoridation of community water supplies and its members are involved in monitoring the benefits of this public health measure (objective 13.9).

### Planned Activities

AADR is developing strategic plans and goals for the next 5 to 10 years that will include activities to support *Healthy People 2000*. Through its Annual Scientific Meeting (attendance 4,000 to 5,000), its publications, and its membership (4,800), AADR will continue its research activities aimed at improving the oral and general health of the population.

## American Association of Colleges of Nursing

Geraldine "Polly" Bednash, Ph.D., R.N.

AACN

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**Type of organization:** nursing education association.

**Year established:** 1970

**Number of current members:** 432  
institutions

**Mission:** to serve the public through the promotion and improvement of higher education for professional nursing.

### Activities Supporting Healthy People 2000

The American Association of Colleges of Nursing (AACN) has and will continue to educate its members regarding *Healthy People 2000*. In October 1990, AACN invited James Harrell, Deputy Director, Office of Disease Prevention and Health Promotion (ODPHP), to address the fall Semiannual Meeting on the Healthy People 2000 kickoff. At the same meeting O. Marie Henry, Deputy Surgeon General, spoke on the objectives. At the 1991 fall Semiannual Meeting, J. Michael McGinnis, Director, ODPHP, provided the keynote address on *Healthy People 2000* and its impact on nursing education.

AACN received a contract with the National Health Service Corps (U.S. Health Resources and Services Administration) this year to establish a faculty advocate program to help nurses to become a member of the Corps. The purpose of the contract is to increase the availability of nurse practitioners to address unmet health-care needs.

In AACN's recently developed long range plan, the Association has been charged with meeting the Nation's health needs through preparation of nurses and support of nursing research.

Other activities include: AACN has, since 1988, sponsored all conferences and office space as non-smoking; AACN government affairs staff are lobbying for the inclusion of *Healthy People 2000* objectives in the reauthorization of the Nurse Education Act; AACN is represented as a member on the U.S. PHS Preventive Services Commission by Dean Dorothy Powell, Howard University; AACN prints a monthly *Federal Opportunities Alert* that informs members of available Federal funds and emphasizes the importance of writing grants addressing the *Healthy People 2000* objectives; and AACN has recently established an Infectious Disease Task Force that is looking at development of health policy regarding all infectious diseases, i.e., AIDS and hepatitis.

### Activities for Special Populations

AACN staff are currently involved in the Social Reform Coalition which is working with the population of homeless mothers and their children in Washington, DC. This will be an ongoing project.

### Planned Activities

In 1992 AACN will survey approximately seventy six nurse-managed clinics to determine offered services and how those services relate to the *Healthy People 2000* objectives.

## American Association of Dental Schools

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**Type of organization:** dental education association.

**Year established:** 1923

**Number of current members:** 2,805  
individuals, 167 institutions

**Mission:** to develop and exchange information and ideas in dental education and higher education, study and investigate educational aspects of improving oral health; communicate important oral health information to dental educators and the general public; support the improvement and enhancement of dental education and research; and develop policies for dental education programs.

### Activities Supporting Healthy People 2000

The American Association of Dental Schools (AADS) has and will continue to educate members regarding Healthy People 2000, via articles in our publications, meetings, etc.

- Oral Health objective 13.4 (Geriatric Care) - AADS has developed geriatric curriculum guidelines and community-targeted education materials for dental schools and dental hygiene education programs. The materials were distributed to all such institutions. These efforts help lead to greater understanding and capability of dental graduates to treat complex oral health needs of older adults and educate older people regarding oral health care. This will also have an impact on objective 12.6 (primary care provider review of the prescription drugs their patients are taking).
- Oral Health objective 13.7 (Reduce Oral Cancer Deaths) - AADS has been active in smoking cessation efforts, presenting a half-day forum on the dental role in smoking cessation at our 1991 annual meeting. We are also a member of the National Dental Tobacco-Free Steering Committee of the National Cancer Institute. These efforts also relate to objective 16.10 (increasing the number of primary care providers who routinely counsel their patients about smoking cessation). AADS also has made efforts related to overall tobacco reduction objectives. We are a member of the Coalition on Smoking OR Health, a national group supporting efforts to reduce tobacco use. Further, AADS policy urges our members to work to discourage tobacco use, support tobacco-free environments on campuses and health science centers, and develop community education programs focusing on oral health hazards of tobacco use.
- Oral Health objective 13.9 (Fluoridated Water) - AADS policy supports fluoridation of community water supplies and has informed members about fluoridation issues through our publications and memoranda.
- Oral Health objective 13.11 (Baby Bottle Tooth Decay) - AADS is a member of the Healthy Mothers, Healthy Babies Coalition, which promotes improved health for newborns.
- Oral Health objective 13.13 (Oral Examinations and Services in Long-Term Care Facilities) - AADS has made presentations and published information about the recent

Medicare and Medicaid nursing home requirements for oral health-care assessments and follow-up care.

AADS has also made efforts to address several objectives that are related to oral health care:

- Nutrition Assessment and Counseling by Primary Care Providers (objective 2.21) - AADS has developed curriculum guidelines regarding nutrition that will help institutions integrate nutrition instruction into dental curricula. The Association is exploring participation in the Nutrition Screening Initiative sponsored by the American Academy of Family Physicians, American Dietetic Association, and the National Council on Aging.
- Screening and Counseling for Alcohol and Drug Problems (objective 4.19) - AADS is developing curriculum on chemical dependency that will be used to improve provider training.
- Hepatitis B Among Health-care Workers and Hepatitis B Immunization (objectives 10.5 and 10.9) - AADS policy supports immunization for hepatitis B; AADS has developed curriculum on the management of patients with blood-borne infectious diseases and clinical guidelines on infection control to prevent the spread of infectious diseases. This will also help meet objective 18.14 regarding HIV infection.

Finally, AADS has an annual conference with approximately 1,500-2,000 participants and more than 100 exhibitors of dental equipment and services, where information on many of these projects are discussed and developed.

### **Activities for Special Populations**

- The oral health objectives, such as reduction in caries and oral diagnosis and screening, have special population targets including Hispanic and black children and people age 65 and older (objectives 13.1, 13.2, 13.5, 13.11, and 13.14). AADS has supported funding to train primary care general dentists, who will be better able to treat unmet patient needs and promote these health objectives in these special populations.
- Health Professions Degrees Awarded to Underrepresented Minorities (objective 21.8) - AADS is initiating a new program to strengthen dental education's efforts in this area, and to supplement our on-going efforts. AADS has organized past meetings on this issue. The Association has recruited staff to manage initiatives related to the advancement of minorities and women in dental education and administration.

### **Planned Activities**

All of the efforts described in Activities Supporting Healthy People 2000 will be continued and improved upon. As future programs are planned, efforts will be made to integrate information on *Healthy People 2000*.



# American Association of Homes for the Aging

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**Type of organization:** membership (trade) association.

**Year established:** 1961

**Mission:** to provide high quality housing, health, community, and related services to older adults. The American Association of Homes for the Aging's mission is to represent and promote the common interests of its members through leadership, advocacy, education, and other services to enhance members' ability to serve their constituency.

## Activities Supporting Healthy People 2000

The American Association of Homes for the Aging (AAHA) is a national association of nonprofit organizations dedicated to providing high quality housing, health, community, and related services to older adults. The goals and objectives of AAHA and *Healthy People 2000* are shared in the areas of care for the total person, community involvement in facilities and services for older people, and access to a continuum of care. Although AAHA is not a direct service provider to older adults, it provides its 4,000 member facilities with the necessary professional staff education so that members, in turn, may help their older residents receive high quality care with dignity and respect.

The AAHA Professional Development Institute develops and sponsors educational seminars and national conferences as a means of educating staff of facilities for the aging on the ever-changing issues in the field of long-term care. Educational topics have included, for example: effective approaches to care and services, community outreach, physical environment, personal and professional development, and specific public policy issues.

AAHA serves its members by representing the concerns of nonprofit facilities for older adults through interaction with Congress, Federal agencies, the media, and the general public. AAHA strives to enhance the professionalism of practitioners and facilities through the Certification Program for Retirement Housing Professionals, the Continuing Care Accreditation Commission (CCAC), and publications that represent current thinking in the long-term care and retirement housing fields.

In addition, AAHA seeks to enhance its member's financial strength, and thus their ability to serve more older people, through programs such as group purchasing, insurance, and financial services.

## Activities for Special Populations

In an effort to promote a greater understanding of the recently passed Patient Self-Determination Act of 1990, AAHA, in a joint effort with the American Association of Retired Persons, produced a videotape and guidebook to help long-term care facilities, and their residents and families make complex ethical decisions. The video shows a simulated ethics committee in action, and the guidebook describes how to set up such a committee.

On a wider front, AAHA is represented on many external committees and task forces that increase awareness and provide expertise in their fields of concern. Expertise exchanged among other field leaders may be brought back and shared with members. AAHA is concerned about the nutrition

of older individuals (objectives 2.3-2.20), and is currently involved with the Nutrition Screening Initiative, whose goal is to ensure that the nutritional needs of older individuals are met and maintained. At its Annual Meetings and spring Legislative Conferences, AAHA will continue to sponsor educational workshops and seminars based on issues of concern shared with *Healthy People 2000*, for example: accidental deaths caused by fires (9.16), increasing independent living among older adults (17.3), increasing home health-care services (2.18), increasing services in, and accessibility to long-term care (13.13), and reducing elder abuse (7.12).

## **Planned Activities**

In addition to its continued efforts to educate its members through educational seminars and workshops, AAHA has developed a draft proposal for health and long-term care reform principles, outlining the need to recognize fiscal constraints facing Federal, State, and local governments, and to promote an effective partnership between the public and private sectors. AAHA recognizes that improvements in health and long-term care systems are needed to provide for a more equitable and cost-effective allocation of existing resources to improve access to services and financial protection for all residents of the United States.

AAHA recognizes the need to address the shortage of affordable and suitable housing for special populations, and will continue to engage in collaborative strategies with leaders of disability groups to acquire such housing. AAHA seeks to preserve age-distinct options for elderly housing through statutory changes, legislative action, and positive public awareness.

AAHA also recognizes that the retirement housing administration is a unique specialty in the field of housing management. The National Certification Program for Retirement Housing Professionals was developed to raise industry-wide standards of professional qualifications and performance by blending education and experience into a high quality program to meet the diverse needs of today's retirement housing professional.

Beginning in 1992, the CCAC will commence its National Consumer Education Campaign, an initiative to increase public awareness about Continuing Care Retirement Communities (CCRCs). A central goal of the campaign will be to familiarize the consumer with the value and benefits of accreditation. Additionally, the CCAC will continue to conduct self-study workshops for candidate facilities, during which the CCAC staff conducts hands-on training with the administrators, and helps to guide them as they pursue accreditation.

AAHA is also working in conjunction with an American Association of Retired Persons Coalition on the mentally-ill. Through educational and media strategies, the Coalition aspires to eradicate the stigmas attached to mentally-ill older adults.

Lastly, AAHA has taken on an active role with the Points of Lights Foundation, and is working on a program to link disadvantaged youth with older people for mentoring and guidance.

# American Association of Occupational Health Nurses

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**Type of organization:** professional association for registered nurses.

**Year established:** 1942

**Number of current members:** 12,200

**Mission:** to promote occupational health nursing, maintain professional integrity, and enhance professional status by: providing organizational strength for an independent, united occupational health nursing profession at the local, State, regional and national levels; maintaining professional excellence through education and research programs; obtaining significant legislative and regulatory support for the profession; and achieving significant internal and external support for the American Association of Occupational Health Nurses' (AAOHN) goals and objectives through communications programs.

## Activities Supporting Healthy People 2000

The every day activities of occupational health nurses and the established mission of AAOHN encompass and support achievement of many of the goals and objectives of *Healthy People 2000*. AAOHN members are registered nurses who provide on the job health care for the Nation's workers. They are involved daily in health promotion and disease and injury prevention for occupational and non-occupational conditions. They focus on lifestyle, individual risk factors, and hazards in the work setting. The *AAOHN Health and Safety Policy Statement and Agenda 1989-1994*, which guides our efforts in the public policy arena, states "AAOHN supports the principle of a safe, healthful work environment with prevention-oriented, cost-effective health programs for all workers."

AAOHN's more than 12,000 members provide education, screening and early detection, counseling, appropriate referral, intervention, and follow-up for employees, and in some cases family members. AAOHN members direct programs that include smoking cessation, nutrition and weight control, cholesterol reduction, prenatal health, parenting, exercise and fitness, high blood pressure control, diabetes control, infectious disease prevention, mental health and stress reduction, substance abuse prevention, and cancer screening, among others.

At the annual American Occupational Health Conference, AAOHN provides continuing education in many of these areas for our more than 2,000 attendees. Educational sessions may focus on strategies for changing risk behaviors, ethical concerns in health promotion, and current research and new information about specific risks or hazards (personal and work-related), such as smoking, cumulative trauma, high cholesterol, or reproductive hazards.

Each year AAOHN promotes Employee Health and Fitness Day through *AAOHN News* and *AAOHN Journal*, and a number of members conduct special events at their work sites. In addition, AAOHN has a representative on the NIOSH Work Group for *Healthy People 2000* Occupational Safety and Health objectives. AAOHN also has representatives who participate in a number of other national committees: Council on Accreditation in Occupational Hearing Conservation; National Safety Council; National High Blood Pressure Education Program Coordinating Committee; National Cholesterol Education Program Coordinating Committee;

Medical Advisory Committee of President's Committee on Employment of People with Disabilities; National Asthma Education Program Coordinating Committee; and National Heart Attack Alert Program.

### **Planned Activities**

- We will continue to focus our educational, public policy, and liaison efforts on health promotion and disease/injury prevention.
- *AAOHN Journal* will feature members whose programs are helping meet specific health objectives.
- We plan to continue our active participation in the NIOSH Work Group for *Healthy People 2000* Occupational Health and Safety objectives.

# American Association of Public Health Dentistry

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**Type of organization:** health professional association.

**Year established:** 1937

**Number of current members:** 750  
members

**Mission:** to provide leadership in improving the oral health of the public based on the principles of dental public health.

## Activities Supporting Healthy People 2000

In support of *Healthy People 2000*, the American Association of Public Health Dentistry (AAPHD) has an Ad Hoc Committee on year 2000 objectives; includes symposia related to the objectives during the annual session each year; and has an Oral Health standing committee that, through two separate subcommittees, is developing background papers and policy statements on community water fluoridation and periodontal diseases.

In 1990, AAPHD published competency objectives for dental public health practitioners, and developed and passed two resolutions entitled, Comprehensive Resolution on Tobacco Cessation, Prevention, and Control, and the Establishment of Needed Oral Health Services for Older Americans. In addition, in January 1990, AAPHD published a draft of the Oral Health objectives for the year 2000 and distributed this draft to each member of the AAPHD and others working in public health. Finally, in October 1990, the AAPHD included in its official purpose statement the principles and objectives, and action steps to foster the application of the Oral Health objectives contained in *Healthy People 2000*.

## Activities for Special Populations

The AAPHD supports improvements in the health and well-being of special populations, including minorities, by supporting, advocating, and educating about community water fluoridation which is likely the most equitable of all primary preventive procedures.

## Planned Activities

AAPHD will continue to: collaborate with other organizations in an effort to reach objectives in *Healthy People 2000*; hold workshops and symposium related to reaching the year 2000 objectives; and participate on the National Tobacco-Free Steering Committee.

In addition, AAPHD plans to:

- Develop and distribute new policy statements related to the Oral Health objectives;
- Develop a formal position and program that supports the goal of access to primary health care, including oral health, for all Americans;

- Develop and make available for use, standardized survey instruments for different age groups to determine knowledge, attitudes, and practices vis-a-vis Oral Health objectives;
- Prepare, publish, and distribute a research agenda for Dental Public Health that embraces *Healthy People 2000*; and
- Prepare, publish, and distribute a document, entitled the *Future of Dental Public Health*.

## American Association of Retired Persons

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**Type of organization:** voluntary membership association.

**Year established:** 1958

**Number of current members:** 33 million

**Mission:** to address the needs and interests of people aged 50 and older. The American Association of Retired Persons (AARP) is a nonprofit membership organization that seeks, through education, advocacy, and service, to enhance the quality of life for all by promoting independence, dignity, and purpose.

### Activities Supporting Healthy People 2000

The American Association of Retired Persons, with the support of our nationwide network of volunteers, is involved in numerous activities supportive of Healthy people 2000. AARP's program Coordination and Development Department is the focal point for information, advocacy, and community service efforts. These efforts include development of educational programs and materials, and support of our volunteers in implementation of these programs.

The *Healthy People 2000* priority areas for which programs and materials for older adults and their service providers have been developed are:

- Tobacco (smoking cessation);
- Women's health, including heart disease and mammography;
- Alcohol and other drugs;
- Minority health (including nutrition and preventive care)
- Nutrition;
- Fall prevention;
- Abuse prevention;
- Mental health and emotional well-being (including Alzheimer's Disease, bereavement, and reminiscence);
- Driver education;
- Health care reform; and
- General health promotion.

### Activities for Special Populations

AARP activities target improvements in the well-being of older adults.

### Planned Activities

AARP's Health Advocacy Services Section, through its cooperative agreement with the Office of Disease Prevention and Health Promotion has recently launched Healthy Older Adults 2000. This

project's goal is to encourage efforts by aging and health organizations to address the *Healthy People 2000* objectives pertinent to older adults. Planned strategies include:

- The Healthy Older Adult Action Alliance - A network of organizations working toward achievement of the objectives;
- Recognition of exemplary programs in health promotion and aging;
- Development of a fall prevention program guide; and
- Continuation of activities in program areas specified in Activities Supporting Healthy People 2000.



# American Association of School Administrators

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**Type of organization:** professional organization for educational administrators.

**Year established:** 1865

**Number of current members:** 18,000

**Mission:** to guarantee the preeminence of American education and ensure learning for all students through visionary and effective leadership.

## Activities Supporting Healthy People 2000

The American Association of School Administrators (AASA) is supporting achievement of the goals and objectives of *Healthy People 2000* by building a commitment to the National Health Objectives among its members and other professionals in related educational associations. Of particular emphasis is the objective concerning Education and Community-Based Programs that provides planned and sequential Kindergarten through 12th grade high quality school health education.

In 1990, brainstorming sessions were convened for administrators in school districts across the Nation with exemplary school health programs. At these sessions, superintendents or their representatives identified specific strategies for supporting the *Healthy People 2000* objectives by promoting the establishment of comprehensive school health education programs in school districts across the country.

Also in 1990, a special program called Healthy Kids for the Year 2000 was presented to AASA State and national leaders at their annual Leadership Conference. Participants attended a health breakfast, general session, and personal health screening. A luncheon meeting was also held for editors of professional education association journals, that resulted in several published articles on *Healthy People 2000*, and great interest in the objectives.

In 1991, AASA wrote, edited, and published *Healthy Kids for the Year 2000: An Action Plan for Schools*. The booklet included the national objectives that related specifically to schools and youth; a definition of a comprehensive school health education program; a 12-step action plan for developing a comprehensive health education program; suggestions for building awareness of health needs; legislative goals; available resources such as publications, audiovisuals, speakers, curricula, and funds; and a self-study instrument to determine a school district's responsiveness to providing health educational programs for students and employees. Copies were distributed to 19,000 members across the country and around the world.

Additionally, in 1990, a Health Fair/Health Screening was held at the AASA annual convention. Attendees had their own health assessed, were introduced to the *Healthy People 2000* objectives, and learned some facts about the health status of children.

A self-study instrument was prepared and distributed to a stratified, random sample of 2,000 school superintendents across the Nation to gather baseline data on the health efforts of schools and to help determine the prevalence of health curricular efforts that address particular objectives for schools and the worksite. Results of this study will be available in 1992.

## **Planned Activities**

AASA has planned several activities for the future that will support the goals and objectives of *Healthy People 2000*. These plans include an expanded schedule of health fairs/health screenings during three national conferences of school administrators and school-related organizations. The health fair format will include exposure to the *Healthy People 2000* objectives, and will use signs, displays, and publications to provide information on the health status of our Nation's children. The three organizations involved are: the Texas Association of School Administrators in Houston, Texas; the American Association of School Administrators in San Diego, California; and the National School Boards Association in Orlando, Florida.

The AASA will continue to market the publication *Healthy Kids for the Year 2000* and articles related to the *Healthy People 2000* objectives will be published. In addition, results of the survey sent to a random sample of 2,000 school superintendents across the Nation will be compiled and analyzed.

# American Association of University Affiliated Programs for Persons with Developmental Disabilities

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**Type of organization:** association of specialized institutions.

**Year established:** 1976

**Number of current members:** 70  
university affiliated programs

**Mission:** to nurture, support, and assist member University Affiliated Programs and Mental Retardation Research Centers in their endeavor to enhance the quality of life for people with developmental disabilities through interdisciplinary training, exemplary service, technical assistance, dissemination of information, and research. The American Association of University Affiliated Programs for Persons with Developmental Disabilities (AAUAP) represents both the individual and collective needs and interests of its member programs.

## Activities Supporting Healthy People 2000

The AAUAP is the holder of a cooperative agreement with the U.S. Office of Disease Prevention and Health Promotion (ODPHP) for promoting and implementing the *Healthy People 2000* objectives as they relate to people with disabilities. Four other national disability organizations are members of the advisory task force and are integral to the cooperative agreement activities to implement the goals and objectives. The organizations are the Association of Maternal and Child Health Programs, the Association for Retarded Citizens of the U.S., the Epilepsy Foundation of America, and United Cerebral Palsy Associations, Inc. Although these groups have primary interest and expertise in disabilities (and chronic illness) that originate at birth or in childhood, many of the issues are applicable across the full spectrum of disabilities.

Currently, AAUAP is in the process of editing for publication the *Proceedings of the Conference on Health Care for Youth and Adults with Developmental Disabilities: Policies and Partnerships*. This invitational conference was conducted with support from ODPHP and the Maternal and Child Health Bureau (U.S. Health Resources and Services Administration). Included in the proceedings will be the issue papers developed for attendees prior to the conference, presentations by guest speakers, and the recommendations from conference work groups. Issue papers and recommendations focus on five aspects of health care: knowledge base, access and partnerships, standards, financing, and education/training. Although primarily focused on health-care issues related to people with developmental disabilities, the recommendations for policy changes have applicability to other disabilities and to other vulnerable populations. Copies of the proceedings may be requested at no charge by contacting the AAUAP, 8630 Fenton Street, Suite 410, Silver Spring, MD 20910, phone: (301) 588-8252 or FAX (301) 588-2842.

An additional resource that has been produced is the *1990 Resource Guide to Organizations Concerned with Developmental Handicaps*, published by the AAUAP and available for a small shipping charge from the ODPHP National Health Information Center, PO Box 1133, Washington, DC 20013-1133, phone: (800) 336-4797 or (301) 565-4167 in Maryland.

## **Activities for Special Population**

AAUAP activities target improvements in the well-being of people with developmental disabilities.

### **Planned Activities**

In this coming year, the AAUAP will develop a manual to promote awareness of health issues for people with disabilities and to provide guidance for the implementation of *Healthy People 2000* for people with disabilities. The manual will focus on delivery of, and access to, preventive health care for people with disabilities. It will include background and information on the objectives in *Healthy People 2000* that are specifically relevant to people with disabilities. The manual will also provide an overview of the range of disabilities and will list health-care delivery resources. The target audiences will be service providers, people with disabilities and their families, and members of advocacy organizations. Contents of the manual will be the responsibility of the AAUAP and the members of the Healthy People 2000 Project Advisory Task Force (listed above). Because these groups are primarily focused on developmental disabilities, a coalition representing a broad range of disability organizations and constituencies will be organized to comment on and form a network for dissemination of the manual. The second purpose of forming the coalition is to provide coalition members with a link to Healthy People 2000, both to provide them with information on its implementation and to encourage their involvement in planning for the objectives for next decade.

## American College Health Association

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**Type of organization:** health professional association.

**Year established:** 1920

**Number of current members:** 981  
institutions and 3,151 individuals

**Mission:** to serve as a professional organization for individuals who provide health care and programs to members of the higher education community; and to be a mechanism by which institutions of higher education and their health services programs improve the health of those they serve.

### Activities Supporting Healthy People 2000

The American College Health Association (ACHA) supports all of the objectives outlined in *Healthy People 2000*, and has identified 134 *Healthy People 2000* objectives that are relevant to settings in higher education and its various populations, including students, faculty, and staff. Four objectives specifically target the college/university student population. These four objectives address: Alcohol and Other Drugs, HIV Infection, Education and Community-Based Programs, and Immunizations and Infectious Diseases. ACHA has sponsored a number of presentations and poster sessions at its annual and regional meetings over the past four years that specifically address the *Healthy People 2000* objectives.

Through the activities of its individual task forces, ACHA has addressed specific objectives and crosscutting issues. In 1985, the association established a Task Force on National Health Objectives in Higher Education that focused on the 1990 National Health Objectives and the overall health objectives process for the year 2000. This task force developed a manual entitled *Healthy Campus 2000 - Making It Happen*, for analyzing and implementing the health objectives. Task force members have given numerous presentations, poster sessions, and panel discussions on the role of higher education and campus settings in attaining the year 2000 health objectives. Other task forces have addressed specific topics and have produced manuals, policy papers, and guidelines for implementing health objectives in specific health priority areas. A number of these projects are described below.

#### Alcohol and Other Drugs

The Task Force on Alcohol and Other Drugs developed a drug-free workplace policy for the ACHA national office and ACHA-sponsored functions. The task force also drafted a policy regarding ACHA's relationships with tobacco, alcohol, and other drug manufacturers. In addition, a new brochure, *Alcohol and Other Drugs: Risky Business*, was created specifically to help institutions meet the Federal Drug Free Schools and Campuses Regulations.

A grant from the Pew Charitable Trust supported a cooperative project with Hazelden Services and Project CORK-Dartmouth Medical School to develop an alcohol and other drugs training program, complete with training materials, for college health providers. The program focuses on clinical, administrative, and consultative skills training.

## **HIV Infection**

The Task Force on HIV Disease is currently revising ACHA's *General Statement on Institutional Response to AIDS*. The publication *Responding to HIV Infection and AIDS; Campus Assessment Inventory* was prepared by the Interagency Task Force on HIV Infection and AIDS, of which ACHA is a member.

A Burroughs-Wellcome Company grant is supporting the development of training manuals on two campuses that can be used in other settings for preparing students and other professionals to conduct HIV risk assessment and counseling. In addition, grants from the U.S. Centers for Disease Control (CDC) funded a series of workshops, mini-grants, consultations, and publication of the guidebook *Health Promotion on Campus: A Resource and Referral Directory*.

In the area of teacher training, ACHA's *Teacher Education Resource Manual* is being revised and five train-the-trainer HIV/AIDS education modules are being developed. Year-one results of an HIV college seroprevalence study were published and year-two results are being analyzed.

## **Sexually Transmitted Diseases**

The Task Force on Human Papillomavirus (HPV) has produced clinical and educational guidelines for use in student health services. A survey is being conducted on prevalence rates and trends for the occurrence of HPV in college students.

## **Educational and Community-Based Programs**

The Task Force on College Health 2000 has developed two publications, *College Health 2000: A Perspective Statement* and *College Health 2000: Strategies For The Future*, that highlight the core values and standards of college health practice based in a student health service.

## **Immunization and Infectious Diseases**

The Task Force on Vaccine Preventable Diseases established a regional network of consultants who provide members with information regarding vaccine-preventable diseases, particularly measles, mumps, rubella, and hepatitis B, with support from the U.S. Centers for Disease Control (CDC). CDC, through a grant, is also supporting the evaluation of different educational intervention methods to encourage students at high risk for hepatitis B to receive the vaccine.

In addition, an interagency Measles, Mumps, Rubella Action Group, chaired by a member of ACHA's Task Force on Vaccine Preventable Diseases, has developed a poster and brochure promoting immunization for high school and college students. The group is currently developing model legislation for prematriculation immunization requirements.

## **Campus Violence**

The Task Force on Campus Violence and Human Dignity developed an *Introductory Mission Statement*, and the task force is sponsoring a special edition of the *Journal of American College Health* on campus violence.

## **ACHA Educational Brochures**

Top sellers in 1990/1991 include *Safer Sex*; *HIV/AIDS: What Everyone Should Know*; *What are STDs?*; *Acquaintance Rape: Is Dating Dangerous?*; and *Making Sex Safer*.

## **Activities for Special Populations**

ACHA has a Task Force on Ethnic Minority Involvement that conducted a survey to determine the needs of students of color and produced a monograph, *Health Programming in College/University Settings For Students of Color*, that examines the growing need for campus-wide health programming that accommodates ethnic and cultural diversity.

## Planned Activities

ACHA will continue developing existing programs and will work on other projects that support *Healthy People 2000*. Specifically, ACHA will incorporate Healthy People 2000 themes for regional and annual meetings. ACHA also plans to sponsor *Healthy Campus 2000 - Making It Happen* (a manual for implementing the *Healthy People 2000* objectives), and alcohol and other drug training programs at ACHA affiliate annual meetings.

ACHA will work on tracking the year 2000 objective on campus-based HIV education, and will continue CDC funded HIV/AIDS education workshops, mini-grants, and consultations.

## American College of Cardiology

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**Type of organization:** professional medical society.

**Year established:** 1949

**Number of current members:** 19,000

**Mission:** to foster optimal cardiovascular care and disease prevention through professional education, promotion of research, and leadership in the development of standards and formulation of health-care policy.

### Activities Supporting Healthy People 2000

The American College of Cardiology (ACC) has a standing committee for the Prevention of Cardiovascular Disease. The charge of this committee is to: "address issues and propose means of implementation concerning the physician's role in the prevention of major cardiovascular diseases from childhood on, particularly as they afflict the U.S. population; bring to the attention of the Board of Trustees current information on the opportunities in prevention and recommendations concerning possible actions; and foster implementation of preventive efforts in cooperation with other appropriate agencies, both private and public."

Committee activities have included presentations to the ACC Board of Trustees and Board of Governors; a resolution adopted by the College and forwarded to the American Medical Association for action to implement strategies to require that all hospitals in the United States be smoke free by 1991; and, the preparation of a smoking cessation program to educate cardiology training program directors.

The Prevention of Cardiovascular Disease Committee is specifically working toward educating the membership on how to implement the goals and the objectives outlined in *Healthy People 2000* regarding Physical Activity and Fitness, Nutrition, and Tobacco. Notice of publication of *Healthy People 2000* was printed in the ACC's monthly publication *Cardiology*. The Board of Trustees of the American College of Cardiology adopted a resolution endorsing the goals and objectives of *Healthy People 2000*. This resolution calls for the College to take a leading role in the area of prevention by: formally endorsing the *Healthy People 2000* goals and objectives; and providing a foundation for the achievement of these goals through the development of a College-wide prevention agenda for heart disease.

The ACC has established subcommittees to address heart disease and stroke and outline methods to reduce these through the treatment of hypertension, hypercholesterolemia, obesity, and physical activity. In addition, the College's Learning Center, Extramural, and ACCEL Departments are responsible for physician education programs, many of which highlight preventive cardiology and risk factor modification. For example, two popular Learning Center programs were the Seminar on Preventive Cardiology: How to Integrate Cost-Effective Measures Into Your Practice and New Strategies to Reduce Coronary Risk.



## **Planned Activities**

At each Annual Scientific Session, attended by more than 12,000 physicians and other health-care workers, the ACC has and will present workshops and seminars focused on enhancing the management of risk factors for heart disease and stroke. In addition, the ACC continues its commitment to physician education in the area of preventive cardiology through Learning Center programs, Extramural conferences, and ACCEL tapes, focused in part on the management of risk factors.

The ACC Prevention of Cardiovascular Disease Committee is developing a proposal to catalogue and evaluate currently available preventive cardiology patient education materials as a resource for ACC members; identify a cadre of volunteer cardiologists with expertise in the treatment of risk factors and the organization of medical practices for referral to physicians seeking aid in implementing preventive cardiology practices; and develop a home-study course on the treatment of cardiac risk factors and organization of the office practice to ensure identification, treatment, and follow-up of all patients as appropriate. The proposal has not yet been formally submitted for approval.

## American College of Physicians

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**Type of organization:** medical professional society.

**Year established:** 1915

**Number of current members:** 71,000

**Mission:** to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

### American College of Physicians' Goals:

- Establish and promote the highest clinical standards and ethical ideals;
- Be the foremost education and information resource for internists;
- Advocate responsible positions on public policy issues relating to health care for the benefit of the public, our patients, the medical profession, and our members;
- Serve the professional needs of the membership and to advance internal medicine as a career; and
- Recognize individual excellence and distinguished contributions to internal medicine.

### Activities Supporting Healthy People 2000

The American College of Physicians (ACP) has sought to address many of the issues cited in *Healthy People 2000* through the College's program of continuing medical education; health policy analysis, development, and implementation; health services and survey research; and clinical practice guideline development. ACP chapters across the country further these activities through sponsorship of regional scientific programs and, in some areas, collaboration with community organizations on special health projects and campaigns.

#### Tobacco

In 1986, ACP encouraged physicians and others to address the problem of tobacco use in its position papers "Cigarette Abuse Epidemic" and "Cigarette Smoking Cessation Methods." The College has provided practical guidance for implementing the recommendations of these policies by hosting a course on smoking cessation methods at ACP Annual Sessions. Popular for several years, the course instructs physicians in methods for helping patients to quit smoking. The Southern California chapter of the ACP was among the main organizers of the nationally prominent campaign, Tax Initiative 99, which uses a special tax on tobacco products to fund an anti-smoking media campaign.

#### Alcohol and Other Drugs

The College continues to sponsor Annual Session courses on the prevention and treatment of substance abuse and in 1988, published a practice guideline on the role of disulfiram in the treatment of alcoholism. Hawaii and Iowa are among the ACP chapters whose regional scientific meetings this year include clinical vignettes and poster sessions regarding the prevalence of alcohol use disorders in unique medical settings and the treatment of drug abuse and its complications. These activities represent the College's implementation of its 1984 policy statement, "Chemical Dependence", that emphasizes physician training to address substance abuse as a medical illness.

## **Violent and Abusive Behavior**

The ACP has long acknowledged the devastating consequences of domestic violence and its impact on public health. The College sponsored a successful pilot project to train resident and attending physicians in the recognition and treatment of battered women. It is now seeking funds to develop a national program to train practicing physicians. A key feature of this program will be its collaboration with local community domestic violence and other organizations to encourage continued physician education and response to the issue.

## **Educational and Community-Based Programs (also see Immunizations)**

Created to inform the patient, but also to stimulate discussion between patients and physicians, *Health Library* is a patient informational series that provides information on contemporary health issues and diseases. Topics to date include: tobacco; HIV, AIDS, and sexually transmitted diseases; osteoporosis; mammography; skin diseases and UV light; and adult immunization.

The College's award-winning series of videos on various health topics, "HealthScope," is used by physicians and hospitals in community meetings and forums. The series includes such titles as "Healthy Aging," "Stress and Illness," and "Coping with Cancer." The most popular program, "High Blood Pressure," is used by hospital-based hypertension programs and individual physicians to aid them in educating their hypertensive patients.

## **Occupational Safety and Health**

The ACP's recent informational paper, "Occupational and Environmental Health," improved upon the College's 1984 policy paper on occupational medicine by offering practical advice to the internist for identifying conditions related to risks in the workplace and general environment, and counselling patients about occupational and environmental health risks. Programs on this issue are frequently offered at regional ACP meetings.

## **Heart Disease, Hypertension, and Stroke**

The ACP Clinical Efficacy Assessment Project (CEAP) has produced numerous practice guidelines recommending appropriate applications of various modalities for managing and screening for cardiovascular diseases. CEAP has evaluated such topics as cardiac rehabilitation services, diagnosis and treatment of carotid artery disease, automated blood pressure monitoring in the diagnosis and treatment of hypertension, and medical management following myocardial infarction.

The College is active in two important public education programs: Project LEAN and the National High Blood Pressure Education Program.

## **Clinical Preventive Services**

The product of three years intense study, the new ACP publication, *Common Screening Tests* (CST), provides physicians with a comprehensive set of recommendations on the efficacy and cost-effectiveness of screening strategies for breast, colon, cervical, and lung cancer; heart disease; hypertension; diabetes; thyroid disease; and osteoporosis. The CST guidelines will serve as the basis for a model preventive services benefit for Blue Cross and Blue Shield subscribers.

## **Surveillance and Data Systems**

The ACP is working with the U.S. Public Health Service to secure information about the current level of clinical preventive services being provided by ACP members. A previous ACP study examined the correlation between physicians' personal disease prevention practices and the extent and amount of counseling and screening services they included in their clinical practices.

## **Immunizations**

The ACP's *Guide to Adult Immunization* is the foremost physicians' reference on the application of adult immunization in clinical practice. Produced in conjunction with the Infectious Diseases

Society of America and the U.S. Centers for Disease Control, the Guide informs physicians about the immunization needs of healthy adults, as well as special groups of patients such as pregnant women, occupational groups, and immunocompromised adults. It also outlines appropriate immunization therapies. Additionally, the ACP is a member of the National Coalition on Adult Immunization and has worked with the national American Lung Association and its local chapters to organize several nationwide, community-based public campaigns to stimulate increased use of influenza and pneumonia vaccines.

## **Planned Activities**

Main themes of the ACP's health and public policy activities will be to identify ways the College can implement some of its policy recommendations and to further the College's longstanding interest in elucidating the dynamics of physician practice and physician-patient interaction. This strategy supports the *Healthy People 2000* goals and objectives in that ACP policy has similarly responded to those health issues targeted by *Healthy People 2000*, and an understanding of physician practice and the interaction between physicians and patients will affect the provision of preventive services.

ACP staff and committees are working to devise a new agenda for the College's health promotion and disease prevention activities that will appreciate the aforementioned interests of the ACP and the progress of its continuing efforts. Several previous programs will be continued or further developed including: revision of the ACP statement on HIV infection and AIDS, preparation of a CEAP statement on the management of diabetes mellitus, and establishment of the ACP Domestic Violence Project. Also under consideration is development of strategies for the ACP to address such topics as: mental health and the primary care physician, including diagnosis and treatment of depression; geriatrics training and care of the older patient, including elder abuse; health-care needs of prisoners; and development of patient education techniques.

## **Additional Highlights**

In collaboration with the Commonwealth Fund, the ACP is conducting a study to examine communication between office-based physicians and patients. Through its participation with the Dartmouth COOP project, the ACP is examining how physician practice and various interventions correlate with the functional status of older patients. With an increased capacity for health services research, the ACP in the coming year will expand from these research projects to include the capturing of additional data on preventive services issues; investigations pertaining to physician use of clinical practice guidelines; and community-based demonstration projects in which particular health issues can be examined and new health policy tested.

## **Immunization**

A new ACP Task Force on Adult Immunization has been established to prepare the new edition of the *Guide to Adult Immunization* and to coordinate other immunization-related activities.

## **Preventive Services**

The College will continue to direct attention to screening techniques and practice. CEAP will assess prostate-specific antigen as a screening test for prostate cancer. Additionally, the College's membership in the American Medical Association National Adolescent Health Coalition will be expanded to include participation in the coalition's new project "Guidelines for Adolescent Preventive Services."

## **Educational and Community-Based Programs**

The ACP served as a reviewer of several voluntary health agencies' public education literature. A cooperative relationship has been established and plans are being made to create a reference list of health education literature. The list, when distributed to internists, will be made available to their patients.

# American College of Preventive Medicine

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**Type of organization:** national medical specialty society.

**Year established:** 1956

**Number of current members:** 2,000

**Mission:** to advance the science and practice of disease prevention and health promotion. The American College of Preventive Medicine (ACPM) is the professional organization of physician specialists who practice preventive medicine. ACPM provides leadership in research, professional education, development of public policy, and enhancement of standards in preventive medicine.

## Activities Supporting Healthy People 2000

The American College of Preventive Medicine actively supports many objectives in *Healthy People 2000* through its educational activities and public policy endeavors in the priority areas of Physical Activity and Fitness, Nutrition, Tobacco, Alcohol and Other Drugs, Educational and Community-Based Programs, Unintentional Injuries, Occupational Safety and Health, Environmental Health, Food and Drug Safety, Maternal and Infant Health, Heart Disease and Stroke, Cancer, HIV Infection, Sexually Transmitted Diseases, and Immunization and Infectious Diseases. Through committee activities, membership in coalitions, articles published in the *American Journal of Preventive Medicine* and sessions held during the annual PREVENTION meetings, many of these important areas are addressed. ACPM supports the National Health Objectives Act and has worked closely with the American Medical Association (AMA) to heighten that organization's awareness of and involvement in *Healthy People 2000*.

ACPM has focussed its attention on the objectives that will improve access to and increase the use of clinical preventive services. ACPM is working with both the private and public sectors to obtain reimbursement for clinical preventive services.

- The College has testified before the Physician Payment Review Commission (PPRC) on the need for reimbursement for clinical preventive services, as well as the reimbursement of services delivered by non-physician health personnel. ACPM continues to work with the PPRC to advocate Medicare coverage of counseling, screening, and immunization services.
- ACPM has been a major player in the revisions of the CPT codes for preventive medicine through representation on the AMA's CPT-4 Editorial Panel and by its development of vignettes for these new codes. These vignettes are to be incorporated into Phase III of the Hsiao study.
- The ACPM-sponsored monograph entitled *Paying for Prevention: Moving the Debate Forward* has been widely distributed to the medical community, including AMA and primary care groups.
- ACPM arranged for the distribution of *Healthy People 2000* to all members of the AMA House of Delegates.
- ACPM has adopted principles advocating universal access to health care, including clinically effective preventive services.

ACPM is working within the preventive medicine community and with primary care groups to increase the provision of clinical preventive interventions. In addition, ACPM:

- Has consulted with primary care specialty groups regarding the development of vignettes;
- Advocates, in conjunction with other groups including the Association of Schools of Public Health and the Association of Teachers of Preventive Medicine, for increased support for preventive medicine postgraduate training;
- Is developing competency measures for preventive medicine physicians-in-training;
- Sponsors a preventive medicine review course for those preparing to take the Board-certification examination and for others desiring an update in preventive medicine;
- Publishes a manual for preventive medicine residency program directors and a directory of preventive medicine residency programs for those interested in obtaining training in the field;
- Promotes within the AMA and to primary care groups the *Guide to Clinical Preventive Services* as the most effective resource for current recommendations on clinical preventive services; and
- Has established a Practice Guideline Committee.

## Activities for Special Populations

ACPM has established (with the Association of American Medical Colleges and the Association of Teachers of Preventive Medicine) a Task Force on Prevention and Special Populations that is exploring various initiatives to increase the number of preventive medicine specialists who come from underserved/underrepresented groups.

## Planned Activities

ACPM plans to continue its current activities and the development of existing programs that support increased access to and use of clinical preventive services. Specifically, ACPM:

- Is exploring with individual insurance companies and with the Health Insurance Association of America the development of minimum benefits packages that would include clinical preventive services;
- Will continue to advocate for increased support for preventive medicine postgraduate training;
- Will continue to promote within the AMA and to other primary care groups the *Guide to Clinical Preventive Services*;
- Plans to develop an annotated bibliography on cost benefit/cost effectiveness studies for preventive services; and
- Will continue to use the PREVENTION meeting as a forum to discuss Healthy People 2000 initiatives resulting from its recommendations. Special attention will be given to sessions devoted to providing preventive services to underserved populations.

# American College of Sports Medicine

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**Type of organization:** scientific/medical/professional society.

**Year established:** 1954

**Number of current members:** more than 12,000 physicians, educators, researchers, health and fitness professionals, and others in more than 50 countries

**Mission:** to generate and disseminate research and information on the benefits and effects of exercise and the treatment and prevention of injuries incurred in sports, exercise, and fitness activities. This mission is furthered through diverse activities, including: scientific and medical education programs; research; certification of health and fitness professionals; public service, health, and education activities; and publications.

## Activities Supporting Healthy People 2000

As with many other societies, the American College of Sports Medicine (ACSM) engages in a complex and broad range of activities that have relevance to the *Healthy People 2000* objectives. The following representative list is limited to programs and activities with a specific connection to the *Healthy People 2000* objectives.

- The Board of Trustees of ACSM has formally supported the *Healthy People 2000* objectives, and has given particular focus to the health promotion objectives, particularly those dealing with Physical Activity and Fitness. Due to the diverse membership of ACSM, there is strong interest in additional health promotion and prevention aspects of the objectives.
- A Healthy People 2000 committee, chaired by Barbara Drinkwater, Ph.D., has been established, and is developing a multi-year program for the objectives.
- A fifty-State volunteer network also has been established to coordinate *Healthy People 2000* objectives.
- ACSM has held sessions on the *Healthy People 2000* objectives at its annual scientific meetings, and will continue to educate members and attendees in this way.
- The College is organized into twelve regional chapters, that also will be staging conferences that address the *Healthy People 2000* objectives. The chapters also are organizing members for action at the grass-roots level.
- ACSM has a continuing column in its quarterly magazine on the Healthy People 2000 program.
- The College is communicating with the governors' councils around the country to identify ACSM members serving as council members and to coordinate relevant information.
- Multiple lecture-slide programs are being developed to communicate information to medical, scientific, and lay audiences.

- ACSM has long maintained a tobacco-free office, and works within various coalitions to reduce the use of tobacco products. The ACSM Foundation will not accept gifts or support from tobacco or alcohol companies.
- Members of the ACSM Board of Trustees and other College leaders will be referring to the *Healthy People 2000* objectives at scientific and medical conferences around the country.
- ACSM is working with other organizations, such as the American Medical Association and the Association of Retired Persons, for effective and coordinated action and to focus on programs for specific demographic segments of the population (e.g., youth and older Americans).
- ACSM is currently staging several nationwide educational programs that deal with relevant fitness issues, including "Fit Over Forty," that features Nolan Ryan and is targeted to physicians and their mature patients, and "ACSM Youth Clinics," a program of urban youth educational sessions that include an opportunity to meet and train with professional athletes.

## **Activities for Special Populations**

ACSM is planning a number of activities focusing on special populations and exercise and fitness issues, including development of exercise guidelines for special populations, various educational sessions at the national and regional chapter levels, and creation and distribution of a lecture/slide set.

## **Planned Activities**

- ACSM will be reviewing the current state of research relevant to the objectives to identify areas that need additional support.
- A Community Action Kit will be developed to provide ACSM volunteers nationwide with tools to implement a variety of *Healthy People 2000* Physical Activity and Fitness objectives.
- A Healthy People 2000 newsletter will be established to provide a constant flow of information among ACSM volunteers and others.
- An ACSM planning conference has been scheduled that will develop a plan of action for the public information and education aspects of the objectives. After the conference, proposed new activities will be examined, with the most effective undertaken. Current activities will be expanded and refined. Opportunities to work with other organizations will be explored with great interest.
- The ACSM long-term strategic plan will include a segment that will compliment *Healthy People 2000*.

More than 200 members of the College have signed on as volunteer leaders in their local communities. They are organized and managed by State Representatives, Regional Representatives, and Committee members. The entire Healthy People 2000 leadership within ACSM totals more than 200 members. It is this expanding group that will be the key to all future Healthy People 2000 activities.



# American Dental Association

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**Type of organization:** health professional association.

**Year established:** 1859

**Number of current members:** 140,000

**Mission:** to encourage the improvement of the health of the public and to promote the art and science of dentistry.

## Activities Supporting Healthy People 2000

The American Dental Association (ADA) has been an active supporter of U.S. Public Health Service health objectives initiatives beginning with the Surgeon General's report *Healthy People* in 1979. The subsequent publication of the 1990 National Health Objectives served as a useful model for the Country and was highly regarded by the ADA despite the fact that some of the objectives were not or could not be met.

The Association also participated in the drafting of the current document *Healthy People 2000* and has formally endorsed the Oral Health objectives contained in that report. The ADA intends to remain an active member of the Healthy People 2000 Consortium and is committed to the successful implementation of the *Healthy People 2000* objectives.

The concepts of disease prevention and health promotion are fundamental within the dental profession. Consequently, many of the Association's ongoing programs are directly linked to the *Healthy People 2000* objectives. The following is a summary of the more significant activities that support these goals and objectives.

### Fluoridation

The Association provides technical and onsite assistance to communities seeking to obtain or preserve fluoridation. Extensive audio-visual and print materials are made available for public information and educational efforts regarding community water fluoridation. (objectives 13.1-4; 13.9)

### Sealants

The Association supports the use of pit and fissure sealants as a dental caries prevention measure. Efforts to promote the benefits of dental sealants to the public, the profession, and the insurance industry are conducted through public service announcements, patient education print materials, and the Association's dental school curriculum guidelines. (13.8)

### Periodontal Disease

The Association has focused significant attention on public educational materials regarding periodontal disease over the years. These have been in the form of print materials, films, and public service announcements. Currently, a National Periodontal Screening and Education Program is being developed to further this effort. (objectives 13.3-6)

### **Baby Bottle Tooth Decay (BBTD)**

The Association is an active member of the Healthy Mothers/Healthy Babies Coalition, a group dedicated to promoting strategies for the prevention of Baby Bottle Tooth Decay (BBTD) to the parents/caregivers of infants and young children. (objective 13.11)

### **Tobacco Cessation**

The Association has a long-standing policy urging dentists to educate their patients and colleagues about the hazards of tobacco use. In this regard, the ADA has developed numerous audiovisual and print materials discussing the oral effects of tobacco. The Association's official meetings have been smoke-free since 1964 and the headquarters' offices have been smoke-free since 1989. The ADA is also an active supporter of the National Cancer Institute's Assist Program. (objectives 3.1-16; 13.7)

### **Public Education**

Annual education campaigns include National Children's Dental Health Month, Adult Dental Awareness Week, and Senior Smile Week in addition to an ongoing oral health education program known as Smile America. (objective 13.14)

### **High-Risk Groups**

The Association's Access Program urges local dentists and dental societies to provide out-reach programs for low income older adults, the institutionalized, the disabled, and the uninsured working poor and their dependents. Currently, 120 such programs have been identified across the country.

### **Oro-facial Injuries**

The Association, through long-standing policy declarations and patient information print materials, urges dentists, parents, schools, and athletic associations to support the use of mouth protectors by athletes at all levels of sports activities where the risk of oro-facial injury is significant. (objective 13.16)

## **Activities for Special Populations**

The American Dental Association formalized its out-reach program for special population groups in 1979. Known as the Access to Care Program, this initiative was launched in an effort to first, begin addressing the oral health needs of certain population groups that, through no fault of their own, found obtaining dental care difficult, if not impossible. A secondary purpose was to demonstrate that the dental profession had the will and the capacity to deliver necessary dental care to members of these population groups using the existing private practice delivery system.

The special population groups targeted by this program are:

- Frail older adults;
- Institutionalized and home-bound people;
- Developmentally disabled and handicapped people;
- Uninsured working poor and their dependents; and
- Low income people of all ages.

The Association's Access Program does not deliver or coordinate the delivery of care. Rather, it is intended to:

- Stimulate awareness by the profession and the public;
- Encourage action by both groups;
- Collect and disseminate information;
- Produce print and audiovisual resources;

- Educate national advocacy groups regarding oral health; and
- Support and encourage appropriate legislative action.

Examples of activities that reflect these objectives are:

- Since 1981, the Association has sponsored at least six national conferences for dentists focusing on the oral health of one or more of the target populations;
- The Association's Annual Scientific Session routinely includes programs devoted to this issue;
- Resource materials include patient education pamphlets, instructional tapes and slides for professionals and caregivers, and survey information on the number and scope of local dental access programs; and
- Regular liaison with national advocacy organizations is maintained in an effort to enhance awareness of the oral health needs of their constituencies.

Currently there are more than 120 voluntary access programs sponsored by dental societies across the country serving an untold number of disadvantaged people. Additionally, special interest dental organizations such as the National Foundation of Dentistry for the Handicapped, the American Society for Geriatric Dentistry, and the Academy of Dentistry for the Handicapped work with the ADA for this purpose. Dental schools also serve as community treatment resources as well as training centers for the special treatment needs of these patients.

## Planned Activities

The American Dental Association plans to urge member dentists to become formally trained in accepted tobacco cessation techniques. Additionally, the Association will encourage dental societies to become actively involved with the National Cancer Institute's Assist program.

Other plans under consideration for supporting the goals and objectives of *Healthy People 2000* include:

- Development of a communication piece dedicated to or strongly tied to *Healthy People 2000*;
- Regular polling of State dental societies to determine the status of relevant programming at the State and local levels;
- Identification of strategies for improving the oral health of high-risk mothers and children at the national, State and local levels; and
- Launching of a concerted campaign to encourage member dentists to routinely conduct and document intraoral and extraoral head and neck cancer screenings of their patients.

## American Dietetic Association

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**Type of organization:** organization of food and nutrition professionals.

**Year established:** 1917

**Number of current members:** 61,000

**Mission:** to promote optimal health and nutritional status of the population through the provision of direction and leadership for high quality dietetic practice, education, and research.

### Activities Supporting Healthy People 2000

As the world's largest association of experts on food and nutrition, many activities of the American Dietetic Association (ADA) relate to the *Healthy People 2000* objectives. A sampling of these activities are described below.

Publications of the American Dietetic Association are related to the *Healthy People 2000* objectives, for example, *Worksite Nutrition*, *Eating Healthy Foods*, *Fiber Facts*, *Eating the Moderate Fat and Cholesterol Way*, *Healthful Eating All Around Town*, *Staying Healthy - A Guide for Elder Americans*, *Healthy Food Choices*, *Labels: The Buyer's Guide to Healthful Foods*, and many more. A catalog of ADA Products and Services is available.

Articles and editorials on the *Healthy People 2000* objectives have been published and continue to be published in the *Journal of the American Dietetic Association*, *The Courier* (a monthly update to members), newsletters of the Dietetic Practice Groups, and other internal communications.

As a cooperative project with Weight Watchers International, ADA participated in publishing and distributing a consumer booklet on the *Healthy People 2000* objectives called *Healthy Living for Life*. Nine thousand copies have been distributed to consumers through the National Center for Nutrition and Dietetics, the public education initiative of the ADA and its Foundation.

ADA has issued position statements on a variety of topics related to the objectives including "Nutrition and Health Information on Food Labels," "Optimal Weight as a Health Promotion Strategy," "Fat Replacements," "Nutrition in Foodservice Establishments," "Nutrition Management of Adolescent Pregnancy," "Health Implications of Dietary Fiber," "Nutrition Services in Health Maintenance Organizations and Alternative Health Care Delivery Systems," "Promotion of Breastfeeding," "Child Nutrition Services," and others.

Other activities include:

- ADA Ambassador (ADA media spokesperson) Yvonne Bronner, Sc.D., R.D. appeared in a video tape program for the kick-off event for Healthy People 2000;
- A workshop series, titled Take the Lead: Counseling Skills for a Low-Fat Lifestyle, was conducted (objective 2.5);
- ADA conducted a workshop series on the Impact of Childhood Nutrition on Long Term Health (objective 8.9);

- The 1991 American Dietetic Association/American Dietetic Association Foundation Presidents' Circle Nutrition Education Award has been awarded to USDA's Eating Right: the Dietary Guidelines Way campaign (objective 8.9);
- A two year contract has been awarded to the International Diabetes Center, Minneapolis to develop nutrition practice guidelines for diabetes outpatient care (objective 17.10); and
- Throughout the ADA's October 1991 Annual Meeting, sessions were scheduled on many of the objective's topics. Some examples include:
  - Merchandising Nutrition in Foodservice Outlets (objective 2.16);
  - Nutrition Screening Initiative (objective 2.21);
  - New NAS Recommendations for Nutrition during Pregnancy (objectives 14.4 and 14.6); and
  - Breastfeeding Update (objective 14.9).

## Activities for Special Populations

In addition to the many publications and position statements issued by the American Dietetic Association, several coalition efforts focus on the health and well being of special populations. The following activities represent the many coalitions in which ADA is actively involved.

- American Medical Association (AMA) National Coalition for Adolescent Health - The American Dietetic Association has joined a special AMA task force that will guide the activities of the AMA's Healthier Youth by the Year 2000 project. The coalition makes specific recommendations targeted to adolescents to reduce high-risk behaviors and prevent health problems. One outcome of the coalition has been publication of an insert on adolescent nutrition in the February 1991 issue of *The Journal of The American Dietetic Association* that was a collaborative effort of AMA and ADA, and funded by a grant from the Kellogg Corporation.
- Healthy Start - As part of a healthy eating campaign for children by the American Dietetic Association, the American Academy of Pediatrics, and the Food Marketing Institute, four brochures promoting healthful food choices and eating habits for young children aged two through six were developed.
- Nutrition Screening Initiative - Focusing on older adults, the Nutrition Screening Initiative campaign brings together a strong, nationwide coalition of organizations, of which ADA has a lead role, whose goal is to improve the quality and lower the cost of health care in America and to enhance the quality of life for patients by promoting greater attention to the important role nutrition plays in maintaining good health and delivering care. To help attain the goals of the campaign, ADA and its partners have set three priorities: professional development, public policy, and communications.
- Maternal and Child Health Interorganizational Nutrition Group (MCHING) - Coordinated with several allied organizations, the American Dietetic Association is actively involved in MCHING to improve the nutritional health of mothers, children, and families in the Nation by improving the availability of accessible, high quality nutrition services. This interorganizational nutrition group expects to develop and improve collaboration, communication and exchange of information, and working relationships among key Federal agencies and national organizations, and to provide a forum for policy development and advocacy for nutrition services for these populations.

ADA is planning a new African American recipe booklet, *Down Home Healthy*. The booklet is being developed in conjunction with the National Cancer Institute, and will be released in 1992.

## Planned Activities

The primary strategy for ADA involves encouraging and highlighting activities and projects of members that relate to Healthy People 2000. The Council on Practice (COP) will be the focal point of this initiative. There was a presentation of Healthy People 2000 and the call to action to the COP at the Annual Meeting in October 1991. The purpose of this presentation was to indicate the relevance of *Healthy People 2000* to current practice activities, and to encourage and acknowledge the efforts of practitioners. Beginning in 1992, a poster session at the ADA Annual Meeting will be devoted to Healthy People 2000. This method of sharing activities is expected to stimulate interest among the members.

*The Grapevine*, the newsletter for the COP, will be used throughout the decade as a vehicle for promoting and highlighting Healthy People 2000 initiatives. The Dietetic Practice Groups, ADA's special interest networking groups, can use these articles in their newsletters.

Noteworthy representative projects will be highlighted in *The Courier* (ADA monthly update to members). The COP will serve as the clearinghouse for receiving, evaluating, and recommending projects for publication. In addition, a Healthy People 2000 Promotion Package that includes a slide-tape presentation (with script) will be available from ADA national headquarters to facilitate inclusion of the objectives into local meetings. Other items in the package will include a video, a reading list, and a list of nutrition education materials available from ADA. Ambassadors (ADA media spokespersons) and State media representatives will show linkages to *Healthy People 2000* as appropriate.

The National Center for Nutrition and Dietetics (NCND), the public education initiative of the ADA and its Foundation, is involved in a number of activities that relate to *Healthy People 2000*:

- In late 1991, NCND will inaugurate a consumer nutrition hotline available Monday through Friday. Consumers calling the hotline will have the option of either listening to recorded messages that will change monthly or speaking directly to a registered dietitian. Single copies of brochures will be distributed to consumers through the hotline.
- As the sponsor of National Nutrition Month, NCND will be promoting the Eat Right America theme for the next three years and in 1992 the campaign will emphasize low-fat eating.

NCND was recently awarded a grant from the Henry J. Kaiser Family Foundation to continue and expand Project LEAN, a public awareness campaign promoting low-fat eating. NCND is distributing free single copies of the consumer brochure, *Lean Toward Health*, and offering the Project Lead Idea Kit to community groups and others.

As part of an evaluation process, items pertaining to Healthy People 2000 will be monitored, including: relevant Journal items; individual, group, and State projects; relevant Alliance activities; and National initiatives.

# American Geriatrics Society

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**Type of organization:** medical specialty society.

**Year established:** 1942

**Number of current members:** 6,000

**Mission:** to improve the health and well-being of all older people. To ensure the delivery of high quality health care to older adults, the Society develops, implements, and advocates programs in patient care, research, professional education, public policy, and public information.

## Activities Supporting Healthy People 2000

The American Geriatrics Society (AGS) is a nonprofit organization of physicians and other health-care professionals committed to the provision of high quality health care for older people. As the primary organization representing geriatrics, the Society provides leadership for professionals, policy makers, and the public. To fulfill its mission, the AGS works to:

- Develop, support, and promote the clinical practice of geriatrics and to support practitioners providing such care;
- Increase the number of physicians knowledgeable about geriatrics and committed to the clinical care of the aged;
- Engage in a public policy effort that will focus on the improvement and study of health care for older adults;
- Promote high quality research that addresses the health-care problems of older people; and
- Develop and maintain productive and collaborative relationships with other professional organizations, provider groups, and lay organizations concerned with the health care of older people.

The Society's core programs are intended to meet these goals. AGS programs include:

**Continuing Medical Education** - The Society's accredited continuing medical education (CME) programs teach physicians, nurses, nursing home administrators, and other health-care professionals about the intricacies of caring for older adults. The AGS Annual Scientific Meeting is the primary national forum for health-care professionals interested in the latest advances in geriatric medicine, allowing clinicians, researchers, and academicians access to cutting edge information on the care of older adults.

**Publications** - *The Journal of the American Geriatrics Society*, the foremost peer-reviewed journal in geriatric medicine, provides geriatrics practitioners, researchers, and educators with geriatrics knowledge, including sections covering clinical investigations and experience, progress in geriatrics, geriatric bioscience, and ethics and public policy. *The Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine* is a self-assessment program in geriatric medicine that allows practitioners to update their knowledge of the practicalities of caring for older adults.

**Public Policy Activities** - The Society's Washington office works to bring issues of importance to doctors who care for older adults and their patients to the attention of key policy makers, legislators, and health-care administrators. The Society also serves in an advisory capacity on

emerging issues in geriatrics, including comprehensive geriatric assessment and end-of-life decision making.

State Affiliates, Fellows-in-Training, and Student Chapters - State affiliates allow members to become involved in geriatrics issues at the local level and to network and exchange information with others in their area providing geriatric care. The fellows-in-training membership section and student chapters provide encouragement and professional support to those considering, or just embarking on, a career in geriatrics, as part of the Society's ongoing efforts to encourage more physicians to enter the field.

## **Activities for Special Populations**

AGS activities target improvements in the health and well-being of older people.

### **Planned Activities**

The Society's theme for the 1990s is "Effective Aging and Health Care Over the Long-Term," which recognizes the impact the growing older-adult population will have on our health-care system in the coming decades. To provide for this growing population, the AGS will give priority to the following action plan over the next five years:

- Establish the AGS as the leading voice in geriatrics. The Society is working to become a major source of information and expertise in geriatrics for the medical community, policy makers, the public, and the media;
- Improve the environment for clinicians who care for older people. To attract professionals to the field, the Society will continue to provide current clinical information, professional support, and advocacy services for physicians and other health-care professionals;
- Promote expanded research in geriatrics. In addition to the Society's annual meeting that serves as the premier forum for research in aging, the Society will promote research aimed at eliminating the chronic diseases of aging;
- Expand medical education in geriatrics. The Society will focus on expanding existing medical education programs, increasing geriatrics requirements for medical students and residents, and will continue to offer cutting-edge CME programs for physicians and other health-care professionals;
- Educate the public about preventive medicine, healthy aging, and health-care policy issues that affect older people. The Society will serve as a centralized source of information on geriatric health care for the public; and
- Concentrate public policy efforts on financing issues related to reimbursement, professional education, research funding, and access to health care for older people. The Society's public policy efforts will continue to focus on issues relevant to geriatric health-care professionals and their patients.



## American Heart Association

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**Type of organization:** voluntary health organization.

**Year established:** 1924

**Number of current members:** 3.2 million

**Mission:** to reduce disability and death from cardiovascular diseases and stroke.

### Activities Supporting Healthy People 2000

The first objective of *Healthy People 2000* seeks a reduction in death from cardiovascular disease. From this initial objective, scores of other objectives flow. Of particular relevance are objectives in priority areas of *Healthy People 2000* related to: Nutrition; Tobacco; Educational and Community-Based Programs; and Heart Disease and Stroke.

The American Heart Association's (AHA) mission is the reduction of disability and death from cardiovascular diseases and stroke. As a result, it can be said fairly that all of our activities, including research, public and professional education, community services, and public affairs, directly support the achievement of the goals and objectives in the aforementioned priority areas.

More specifically, in fiscal year 1989-1990, the AHA directed 31.8 percent of all expenditures to cardiovascular research. In total, the Association committed \$78.2 million to support individual researchers or their projects. Other than the Federal government, the AHA provides more money for heart and blood vessel research than any other source.

In addition to funding research, the AHA played an important role in offering community services and providing public and professional education. In all, AHA interactive programs reached more than 19 million people in 1989-1990, including:

Program	People Reached
<i>Schoolsite education</i>	
Heart Challenges	80,000
Heart Decisions	365,000
Getting to Know Your Heart, Lower Elementary	1,589,000
Getting to Know Your Heart, Upper Elementary	936,000
Heart Treasure Chest	1,083,000
Save A Sweet Heart	588,000
Smoke-Free Class of 2000	607,000
Other	2,887,000
<i>Worksite education</i>	
Heart At Work	1,702,000
Other	244,000
<i>Health-care site education</i>	
Heart Rx patients	353,000
Cholesterol Education	6,000
Other	510,000

*Basic and Advanced Cardiac Life*

Support training	3,965,000
Blood Pressure and Cholesterol screening	1,123,000
Other programs	<u>2,972,000</u>
Total	19,010,000

In the field of public affairs, the AHA has worked with the Food and Nutrition Labeling Group to successfully implement the recently enacted Nutrition Labeling and Education Act, that mandates nutrition labeling of foods within the jurisdiction of the U.S. Department of Health and Human Service's Food and Drug Administration (FDA). The AHA is now pursuing efforts to mandate nutrition labeling of foods that fall within the jurisdiction of the Department of Agriculture. We will seek to have the Federal Trade Commission regulate food advertising so as to insure consistency with FDA initiatives.

Additionally, the AHA has joined with the American Cancer Society and the American Lung Association to put forward a legislative agenda under the umbrella name of the Coalition on Smoking OR Health. Two themes have dominated the Coalition's priorities for the 102nd Congress. First, the Coalition has and will continue to give top priority to Federal public policy initiatives that seek to reduce the number of young people in the United States who use tobacco. In particular, the Coalition's foci include efforts to: decrease, eliminate, or overcome activities of the tobacco industry that make tobacco use seem glamorous; decrease the social pressure on young people to use tobacco; better educate young people about the health effects of tobacco use; reduce access by young people to tobacco products; and strengthen incentives for young people to not begin using tobacco products. Second, the Coalition and its member organizations have and will continue to give priority to initiatives to impose health and safety regulations on tobacco products similar to those that are imposed on other consumer products.

The AHA has and will continue to support funding of the Preventive Health and Health Services Block Grant program, the Office of Disease Prevention and Health Promotion, and other activities of the Federal government related to disease prevention and health promotion.

## **Planned Activities**

In terms of the future, the American Heart Association has boosted its goals for support of biomedical research as well as for numbers of people to be reached through our public and professional as well as community service programs.

We believe that enhanced consumer use of nutrition labels will be made possible through our efforts with the Label Use Coalition, a broad coalition of food industry, consumer and health organizations, seeking to develop educational materials explaining how to read and use newly required nutrition labels.

In terms of public affairs, the AHA will seek legislation, as necessary, to ensure that all food labels provide information, such that consumers can readily compare products in choosing a diet low in fat, cholesterol, and sodium. The Association is concerned that the advertising of food products be consistent with the nutritional quality of those products. If necessary, legislation will be sought to insure this result.

Finally, at both the Federal and State level, the AHA will seek the enactment of tobacco control legislation, especially clean indoor air laws (objective 3.12) and restrictions on sales to minors (objective 3.13).

# American Home Economics Association

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**Type of organization:** private, nonprofit professional membership association, representing the entirety of the home economics profession.

**Year established:** 1909

**Number of current members:** 24,000

**Mission:** to effect the optimum well-being of families and individuals by: empowering members to act on continuing and emerging concerns; focusing the expertise of members for action on critical issues; and assuming leadership among organizations with mutual purposes.

## Activities Supporting Healthy People 2000

The American Home Economics Association (AHEA) has issued policy statements on preventive health care, nutrition education, breast cancer, AIDS, family and medical leave, alcohol and drug use, aging, caregiving for older adults, nutrition in child care settings, child abuse and neglect, children of war, school-age child care, adolescent pregnancy, Head Start, hunger, single parenthood, family planning, abortion, environmental quality, and at-risk youth. AHEA also plays a lead role in the Home Economics Public Policy Council, which brings together more than seven different organizations, and in the Coalition of Family Organizations, which represents five different national groups concerned with families.

AHEA has participated in coalitions whose work has led to passage of legislation on nutrition labeling and education, child care, and older Americans; continuation of WIC, EFNEP, and school lunch programs; and increased appropriations for Head Start.

AHEA provides information and technical assistance to its members on public policy issues through three publications, *AHEA Action*, the *Journal of Home Economics*, and the *Home Economics Research Journal*. AHEA also hosts large public policy forums at its annual meeting and provides periodic training on health-related issues and the process of public policy making for its members. The Association encourages its 53 affiliated State organizations to conduct programs in the public interest that improve the health of families.

### Age-Related Objectives: Adolescents and Young Adults

Since 1987, the Association has implemented Project Taking Charge, a national school-based program to train home economics teachers of students in grades 7 and 8 to encourage abstinence from sexual relations among young adolescents before they are physically and emotionally ready, thus contributing to a reduction in the number of births to teenagers. The family life education program is values-based, and integrates vocational exploration, interpersonal and family relationships, decision making and goal-setting into a holistic approach to prevention of adolescent pregnancy.

### Age-Related Objectives: Children

Project Home Safe, a national initiative focusing on school-age child care, has been implemented since 1987, and is co-sponsored by Whirlpool Corporation and Foundation. The program trains

home economists to become advocates for school-age child care programs, and to teach other professionals self-care skills for latchkey children. The Project's National Resource Center on school-age child care disseminates information to professionals and parents. Latchkey children and their parents are taught self-care skills, including home and personal safety, nutrition, and health.

### **Health Promotion Objectives: Nutrition**

Association members continue to work with the Head Start Bureau to improve the nutrition component of local programs. Participating home economists agree to contribute at least 40 hours of volunteer community service; more than 50,000 hours have been contributed.

The Association is assisting the American Cancer Society and the Henry J. Kaiser Foundation with the implementation of Changing the Course, a school-based nutrition education program to decrease the dietary fat consumption of students participating in school breakfast/lunch programs.

Professional development activities are held for members at each Association annual meeting, and address such issues as care of older people, food labeling, food safety, nutrition, maternal and child health, water quality, adolescent pregnancy, family planning, coalition building, and design and implementation of research initiatives and community-based programs.

### **Activities for Special Populations**

In addition to the activities supporting age-related objectives, AHEA has other activities targeting special populations. The Head Start Bureau, Kraft General Foods, and AHEA are co-sponsoring a national nutrition education program for Hispanic families participating in Head Start. Initiated in August 1991, the Project will produce and field-test culturally-relevant videos and accompanying low-literacy consumer materials for use with Puerto Rican, Mexican American, Cuban American, and Central/South Americans. Home Economists and other health education specialists who work with Hispanic families will be invited to participate in training programs so that a cadre of professionals across the Nation will be available to facilitate this effort.

Project Taking Charge (adolescent pregnancy prevention) targets low-income and minority 7th and 8th grade students in rural communities and large urban areas.

### **Planned Activities**

Policy statements are expected to be issued on prevention of chronic disease, reduction of dietary fat intake, support of *Healthy People 2000* objectives, and education of minorities.

The current public service demonstration projects on school-age child care, prevention of adolescent pregnancy, and nutrition education will continue. New initiatives in the planning stage include programs on radon education, eldercare advocacy, food labeling education, and chronic disease prevention among minority populations.

AHEA priorities include: cooperative extension and related special programs and research, child care, nutrition labeling, older Americans, higher education, health, food and school lunch programs, Head Start, youth and families at risk, environmental issues, rural family concerns, food safety, work and family, and other issues that are of special interest to the health of women, children, and families.

# American Hospital Association

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**Type of organization:** trade organization.

**Year established:** 1899

**Number of current members:** 5,400  
institutional members; 50,000 individual  
members

**Mission:** to promote high quality health care and health services for all people through leadership in the development of public policy, in the representation and advocacy of hospital and health-care organization interests, and in the provision of services to assist hospitals and health-care organizations in meeting the health-care needs of their communities.

## Activities Supporting Healthy People 2000

During the past decade, the American Hospital Association (AHA) has provided leadership in the implementation of a wide variety of patient education and health promotion activities. In 1989, the AHA was awarded a cooperative agreement with the U.S. Office of Disease Prevention and Health Promotion (ODPHP) to expand hospital activities related to Healthy People 2000. Many Divisions within AHA have contributed to these activities including the Division of Ambulatory Care, the Section for Maternal and Child Health, the Department of Quality Control Management, the Division of Public Relations, and the Division of Health Policy.

### Tobacco Activities

- In 1987, a survey of AHA member hospitals indicated that 16 percent of responding hospitals were smoke-free.
- In 1988, AHA developed and disseminated a resource kit to all member hospitals, "Smoking and Hospitals are a Bad Match," to assist hospitals in developing smoke-free policies for their patients, employees, and visitors.
- In 1989, the AHA Board voted to encourage member hospitals to become smoke-free and to provide their employees with educational programs and other assistance to achieve this objective.
- In 1989, all State hospital associations were surveyed regarding State legislation and allied hospital association resolutions prohibiting or restricting smoking in hospitals. The survey collected information from each State hospital association regarding smoke-free hospital policy surveys and current smoke-free activities.
- In 1990, AHA implemented a smoke-free policy for all AHA employees.
- In 1990, a resource packet was developed listing smoke-free hospital patient communication materials, staff training guidelines, and a current bibliography on developing hospital smoke-free policies.
- In 1990, AHA staff reviewed and provided commentary regarding Environmental Protection Agency Draft Guidelines on Worksite Smoking pertinent to health-care facilities.

- In 1990, AHA staff participated in the Joint Commission on Accreditation of Health-Care Organizations (JCAHO) field review of proposed hospital smoke-free policy standards; in 1991 AHA disseminated information to hospitals about new JCAHO no-smoking policy standards.

### **Educational and Community-Based Programs Activities**

- Each year since 1983, AHA has held national patient education conferences to increase hospital ability to provide educational and community-based services.
- Since 1990, AHA has promoted new management advisories for all hospitals that identified the hospital's role in patient education and health promotion.
- AHA has developed publications to help hospitals implement health promotion programs, including: *Tracking the Impact of Health Promotion on Organizations* (1988); *Health Promotion for Older Adults: A Planning and Management Guide* (1989); *Health Promotion for Low-Income Groups: Programming Strategies* (1989); *Improving Adolescent Health Through Community Partnerships* (1989); and *Consumer Health Information: Managing Hospital-Based Centers* (1991).
- We developed and mailed a communications kit to all member hospitals, titled *Healthy People 2000: America's Hospitals Respond*, as part of our ODPHP cooperative agreement. (fall 1990)
- AHA published an article in *Trustee* magazine 1991, "Health Promotion Sparks Community Service Initiatives."
- The Association developed a report for rural hospitals outlining their role in reaching the *Healthy People 2000* objectives as part of our ODPHP Cooperative Agreement (1991).

### **Occupational Health and Safety Activities**

- Between 1988-91 AHA conducted five conferences for approximately 500 hospitals on Hospital-Based Occupational Health Services: Targeting the Business Market.
- AHA developed the publication *Occupational Health Services: A Guide to Program Planning and Management*, 1989.

### **Maternal and Child Health Activities**

- The AHA section for Maternal and Child Health produced a report *Hospital and Community Partnerships: Prenatal, Infant Care, and Pediatric Models for Underserved Women* (1991).
- The AHA section for Maternal and Child Health produced a report *The Role of Hospitals in Caring for Pregnant Substance Abusing Women* (1991).

### **Diabetes and Chronic Disabling Conditions Activities**

- See activities under Educational and Community-Based Programs.

### **HIV Infection Activities**

- AHA has produced a book on universal precautions: *Universal Precautions: Policies, Procedures, and Resources*. (1991)
- The AHA's Technical Panel on Infections within Hospitals prepared an advisory in 1988, titled *Management of HIV Infection in the Hospital*. The document is being revised currently.
- A combination technical assistance/legal/public relations package was sent in August 1991, to hospitals advising them on managing HIV and HBV-infected health-care workers who perform exposure-prone procedures.

### **Immunization and Infectious Diseases Activities**

- The AHA's Technical Panel on Infections within Hospitals is sponsoring the development of a management advisory on the hospital's role in immunization of health-care workers, patients, and community members.
- Various technical briefings have been sent out recommending use of HBV and measles vaccine among health-care workers and screening tests for HBV among pregnant women.

### **Clinical Preventive Services Activities**

- AHA has developed guidance for hospitals on the expansion of Medicaid's EPSDT program for children (1991).
- The Association produced a special issue of *Outreach*, a publication of the Society for Ambulatory Care Professionals, on prevention.
- AHA surveyed a sample of U.S. hospitals that have organized outpatient services to determine the extent of their involvement with preventive services (information being analyzed now).
- AHA has organized a preventive services committee within the Society for Ambulatory Care Professionals to coordinate activities within this Society.

### **Activities for Special Populations**

#### **Unintentional Injuries Activities**

- AHA has developed a communications kit on prevention of accidental injuries that is going out to all member AHA hospitals (1991) and has collaborated with the American Association of Retired Persons and the National SAFE KIDS Coalition to address accident prevention among kids and older adults.

### **Planned Activities**

- AHA will consult with hospitals on meeting JCAHO smoke-free hospital requirements that will be effective January 1992.
- AHA plans to conduct a Healthy People 2000 session at the 1992 occupational health conference.
- The Association will develop and publish a sequel to the occupational health publication focussing on operational issues in 1992.
- AHA plans to hold a National Patient Education Conference.
- The Association plans to complete a book, *Managing Hospital-Based Patient Education*, by 1992.
- AHA will complete a kit for ambulatory professionals related to implementing preventive services in hospital-based settings.
- AHA will offer preventive services sessions at the 1992 annual meeting of the Society for Ambulatory Care Professionals.
- The Association intends to complete a management advisory on the Hospital's Role in Immunization and send it out to all hospitals with resource information.

## American Indian Health Care Association

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**Type of organization:** combination of membership (urban Indian health centers), education, and research.

**Year established:** 1975

**Mission:** to develop, promote, and support culturally-sensitive health services to achieve optimal health, social, and economic well-being of the American Indian population.

### Activities Supporting Healthy People 2000

The American Indian Health Care Association (AIHCA) has a cooperative agreement with the U.S. Office of Disease Prevention and Health Promotion (ODPHP) to assist Native Americans in achieving the goals and objectives of *Healthy People 2000*. This project, *Promoting Healthy Traditions*, includes:

- *The Promoting Healthy Traditions Workbook: A Guide to the Healthy People 2000 Campaign* (76 pp.) - A workbook that outlines a culturally-sensitive approach to developing community health objectives (the "Circle of Community Wellness"), relates technical health promotion concepts in a culturally-appropriate manner, describes the Healthy People 2000 campaign and provides information on both Indian and non-Indian resources available to help achieve health objectives.
- Native American Health Promotion and Disease Prevention Clearinghouse - The Clearinghouse includes a yearly compilation of health promotion projects into a *Native American Health Promotion and Disease Prevention Bibliography*. Through the Clearinghouse, materials and assistance on the Healthy People 2000 campaign and on a wide variety of health promotion topics have been sent to thousands of health professionals throughout the United States and Canada. In addition, a quarterly newsletter provides information to more than 2,600 agencies on the latest developments in the Healthy People 2000 campaign, health promotion and disease prevention, health promotion conferences, and low-cost resources available from both government and private sources.
- Training, Networking, and Advocacy for American Indian Health Issues - Training is provided at conferences and includes a slide presentation on the Healthy People 2000 campaign and the "Circle of Community Wellness" model of setting health objectives in Indian country. Materials are also distributed via exhibits at several key conferences on Indian health. Advocacy and networking for American Indian health issues occurs through attending meetings, exhibiting materials at conferences, and providing American Indian/Alaska Native contacts to non-Indian agencies interested in developing coalitions and/or culturally-sensitive programs.

The American Indian Health Care Association is also committed to the *Healthy People 2000* objectives in others areas of operation. For example, the Association provides information to the 36 urban Indian health programs on *Healthy People 2000* objectives in areas of special concern such as AIDS and cancer prevention. Reports that are written at the Association include references to *Healthy People 2000* when at all possible. The Association has also undertaken major projects that attempt to fill in some of the wide data gaps facing urban Native Americans.



## **Activities for Special Populations**

AIHCA activities target improvements in the health and well-being of American Indians.

### **Planned Activities**

The Association will continue to expand the Native American Health Promotion and Disease Prevention Clearinghouse by developing a library of materials on health promotion and disease prevention as well as on general health status issues. The Promoting Healthy Traditions project will focus on “getting the word out” on the Healthy People 2000 campaign through advertising, press releases in Native American media sources, and a marketing campaign (including a well-distributed brochure). A “Network for Indian Health Promotion” will be developed to identify Native American health professionals with expertise in health promotion and disease prevention topics. The Association will continue epidemiological data analysis to fill in the gaps in data for Native Americans, with a special emphasis on urban Indian concerns. Because of the lack of comprehensive baseline and tracking data, this issue continues to present a major obstacle for the achievement of objectives by the year 2000.

The Association will also distribute materials on women’s health, AIDS, tobacco use prevention, and substance abuse prevention to help insure that these areas will be addressed by the year 2000.

## American Institute for Preventive Medicine

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**Type of organization:** education and training (voluntary health association).

**Year established:** 1983

**Mission:** to prevent illness, reduce absenteeism, lower health costs, and improve morale at worksites throughout the United States. The American Institute for Preventive Medicine is a leading developer and provider of health promotion programs and publications. It works with more than 600 hospitals and 1,000 corporations. The Institute promotes positive health behaviors by developing and distributing effective interventions in a variety of lifestyle areas. The Institute also trains corporations to offer health promotion programs internally or delivers its programs on site through a nationwide network of health-care institutions.

### Activities Supporting Healthy People 2000

The American Institute for Preventive Medicine (AIPM) offers a number of programs and publications that support achievement of the goals and objectives of *Healthy People 2000*.

#### Tobacco

The Institute conducts the nationally recognized Smokeless program at both corporations and hospitals throughout the United States. This five-session, multiple treatment approach teaches participants the necessary skills to achieve permanent abstinence from cigarettes. The Institute has also developed a Guided Self-Help Smokeless kit that includes all of the materials in the group program along with access to a toll-free counseling hotline where participants can speak to a Smokeless instructor. An inpatient version of the Smokeless program is also available to hospital patients.

#### Alcohol and Other Drugs

The Institute has developed a variety of communication materials that address alcohol and drug issues. Companies use an integrated series of posters and pamphlets to make employees aware of the harmful effects of alcohol and drugs, and the availability of help if a problem is already present.

#### Mental Health and Mental Disorders

The Institute has developed an innovative program called Self-Esteem and Positive Performance. Participants in the course learn a series of behavior modification techniques that can help alter thoughts, feelings, and behaviors as a means of improving one's sense of self-worth.

#### Stress Management

The Institute has a program entitled Systematic Stress Management. It is a 12-hour course to prevent stress from occurring and/or eliminate stress once it is present. This course is also available in a Guided Self-Help format.

## **Weight Control**

The Institute offers a program called *Weight No More*. The program presents more than 500 behavior modification techniques that help people control their eating behavior. A Guided Self-Help version of the program is also available and includes toll-free access to a registered dietitian.

## **Nutrition**

The Institute has a self-help workbook entitled *HealthyLife on Nutrition*. It presents the popular topic of nutrition in an interesting and novel manner, and relevant information on the best ways to maintain a healthy diet.

## **Fitness**

The Institute has a self-help workbook entitled *HealthyLife on Fitness*. It teaches readers how to begin an exercise program or to enhance the activities in which they are already involved. In a step-by-step format, the workbook provides a variety of ideas that lead to greater fitness.

## **General Wellness**

The Institute has written a best-selling book entitled *A Year of Health Hints—365 Practical Ways to Feel Better and Live Longer*. In an easy-to-read, health-tip-a-day format, the book presents hundreds of tips that can lead to greater levels of health and well-being. The Institute also publishes a booklet entitled *Being a Wise Health Care Consumer* that teaches people how to interact with the health-care system in a more cost-effective manner.

The Institute has a series of 24 pamphlets with corresponding posters called the HealthyLife Communication Program. It addresses a variety of wellness topics including hypertension, cancer prevention, heart health, nutrition, fitness, smoking cessation, laughter, doctor/patient communication, longevity, etc. These materials present an ongoing campaign geared toward good health and well-being.

The Institute publishes a booklet entitled *HealthyLife Toll-Free Number Directory*. It provides a list of 170 health organizations that have toll-free numbers. The areas covered range from diabetes to dieting, and from asthma to AIDS. The organizations listed provide general information, referrals, and various materials.

## **Activities for Special Populations**

### **Senior Health**

The Institute has a self-help workbook entitled *HealthyLife for Seniors* that presents an introduction to the health promotion issues that are most relative to senior citizens, retirees, and pre-retirees.

## American Kinesiotherapy Association, Inc.

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**Type of organization:** allied health-care professional association.

**Year established:** 1946

**Number of current members:** 500

**Mission:** to promote the treatment of the effects of disease, injury, and congenital disorders through the use of therapeutic exercise and education.

### Activities Supporting Healthy People 2000

The American Kinesiotherapy Association (AKTA) annually provides an educational program for health-care professionals focused on improving the ability to care for people with physical limitations. The 1991 Conference, held in Miami, Florida, addressed the topic of working with patients with spinal cord injuries. The 1990 Conference, held in Little Rock, Arkansas, addressed the topic of establishing employee fitness and wellness programs.

In addition, the AKTA strongly encourages maintaining a high level of physical fitness as a deterrent, when at all possible, to the use of medical intervention. This is accomplished through an ongoing focus on patient education and establishing personal exercise programs.

The AKTA will continue to provide information on the goals of *Healthy People 2000* through articles in our quarterly publication, *Mobility*.

### Planned Activities

The 1992 AKTA Conference will be held July 11-15, 1992, in Long Beach, California. The primary topic will focus on seating and mobility for spinal cord injured people. The 1993 AKTA Conference will be held in July 1993, in Indianapolis, Indiana. The primary topic will focus on wellness and fitness, particularly with the geriatric population.

The AKTA quarter publication, *Mobility*, will continue to feature the goals and objectives of *Healthy People 2000*.

## American Lung Association

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**Type of organization:** voluntary health organization (public education, research, advocacy).

**Year established:** 1904

**Mission:** to conquer lung disease and promote lung health.

### Activities Supporting Healthy People 2000

The American Lung Association (ALA), through its network of more than 130 affiliates throughout the country, is addressing the *Healthy People 2000* objectives through public policy activities, public education programs and awareness campaigns that focus on the following lung health concerns: tobacco; school health; multicultural affairs; lung disease, care, and education; environmental health; and occupational health.

#### Tobacco Activities

ALA's Freedom From Smoking (FFS) group clinic, self-help manuals, audiotape program, and video program are available at low cost from all affiliate associations. FFS programs are written in an easy-to-read format and address nicotine addiction and maintenance strategies. These programs are marketed to smokers at work and in their communities. The ALA Freedom From Smoking TV campaigns (FFS-TV) have been aired in more than 30 media markets. A Spanish adaptation of the FFS-TV campaign has also been aired. ALA workplace smoking control programs are targeted to blue-collar workers and are implemented in industrial and office worksites. ALA consults with national labor organizations providing smoking cessation programs and policy guidelines. ALA has a Smoking and Pregnancy kit for pregnant smokers and health professionals in English or Spanish and *FFS for You and Your Baby* is a 10 day stop smoking self-help manual and relaxation tape. ALA's low literacy group clinic and audiotape program are available for smokers that prefer not to (or cannot) use printed materials.

A Healthy Beginning (AHB) is a program for health professionals and parents encouraging a smoke-free environment for babies and young children. ALA promotes AHB and other secondhand smoke materials through health professional organizations such as the American Academy of Pediatrics.

Through advocacy and coalition activities, ALA supports Federal and local legislation to discourage (excise tax) and prohibit (sale and distribution) tobacco use by youngsters younger than age 19. ALA's public policy objectives call for a total ban on tobacco advertising and promotion in the U.S., calling special attention to tobacco product marketing to women, children, and minorities.

ALA has a variety of materials available to health professionals on how to advise patients to stop smoking. *Helping Smokers Get Ready To Quit* helps mediators address the five stages of smoking behavior change and begin an appropriate dialogue with smokers about quitting.

#### Occupational Health Activities

The ALA has developed and is disseminating the Future Workers' Education Project, a curriculum that integrates a health and safety component into vocational education. Our objective

is to inform and educate students before they enter the workplace about the hazards they may be exposed to and what actions they can take to prevent illness and injury. Six trade-specific units include: Agriculture, Auto Body and Repair, Carpentry, Cosmetology, Health Occupations, and Welding. Local Lung Associations will implement it in schools across the country.

Lung Hazards at Work is an education program to teach workers about lung hazards in the workplace. It is effective with both large and small companies and helps them comply with the Hazard Communication Standard.

### **Environmental Health and Air Conservation**

ALA provides input to the U.S. Environmental Protection Agency (EPA) on regulatory issues related to implementation of nonattainment provisions of the Clean Air Act of 1990. The ALA has implemented national public outreach campaigns such as Clean Air Week and National Car Care Month to educate the public on the need for personal action to reduce air pollution from motor vehicles and other sources under individual control.

With funding from EPA, ALA is engaged in a national public information campaign that includes 40 local Lung Associations, to inform the public of the health risks of radon, the need to test for radon, and, if high levels are found, to mitigate the problem. ALA has developed print and audio-visual materials for the public and selected targeted audiences on both outdoor air pollution and radon.

### **Lung Disease, Care, and Education**

This component of ALA national programs focuses on people with lung disease and the goal of reducing years of life lost and the suffering caused by lung disease. Key national health objectives include those pertaining to asthma, influenza, and pneumonia, tuberculosis, chronic obstructive pulmonary disease, and lung cancer.

Asthma has been designated as the ALA's nationwide program focus for 1990-93, and ALA and affiliates are expanding and enhancing asthma awareness and education activities. ALA is a coordinating member of the National Heart, Lung, and Blood Institute's National Asthma Education Program. ALA offers self-teaching and group programs and materials for children and adults with asthma, parents, school personnel, and health-care providers. Open Airways for Schools is a major new initiative to provide asthma health education in elementary schools. ALA and its medical section, the American Thoracic Society (ATS), are leading sponsors of research and professional education on asthma.

Influenza and pneumonia prevention initiatives include, at the national level, ALA leadership of the Flu and Pneumonia Action Group of the National Coalition for Adult Immunization (NCIA), and ALA/ATS advocacy for financing of influenza and pneumococcal pneumonia immunization. ALA is coordinating an eight-site immunization promotion pilot project with the U.S. Centers for Disease Control (CDC), health departments, and other NCIA members. Lung Associations nationwide work with health departments to mount awareness and immunization campaigns, especially for groups at highest risk. ALA offers various educational materials and posters for the public, patients, and health-care providers.

Tuberculosis receives increasing attention by the ALA due to a disturbing increase in the TB case rate nationally and in many States and cities. ALA is the leading voluntary advocate for funding for TB control and research programs. ALA offers educational materials for the public and patients, and ATS/CDC statements on diagnosis and treatment for health-care providers. New initiatives include joining CDC in establishing a National Coalition to Eliminate Tuberculosis and promoting State advisory committees and coalitions to develop local action plans based on the national strategic plan.

Chronic obstructive pulmonary disease (COPD) and lung cancer are major targets of ALA's prevention programs on smoking and occupational and environmental lung hazards. In addition,

educational and support programs are offered nationwide for people with COPD. Research and professional education are supported through the ATS and local Thoracic Societies.

## **Activities for Special Populations**

### **School-Related Activities**

ALA continues to support comprehensive school health as a high priority, promoting Growing Healthy as its program of choice. The UnPuffables program is a 5th grade level parent/child tobacco use prevention program introduced in the school or after school programs. ALA's Lungs are For Life series, for grades 1 through 5, includes a wide variety of health education activities. As a member of the Tobacco Free America Project (with American Cancer Society and American Heart Association), ALA supports the implementation of the Smoke-Free Class of 2000 which provides tobacco use prevention classroom materials in each grade for children graduating in the year 2000. ALA promotes smoke-free school policies through the Tobacco Free Schools project in conjunction with AHA, ACS, and the National School Board Association.

### **Multicultural Affairs**

The Multicultural Affairs component of ALA national programs focuses particular attention on minority populations that are at especially high risk for lung diseases. Key objectives of this component include the production of culturally appropriate programs and materials, providing greater access to existing health education programs to targeted groups, and working within community coalitions and national minority organizations.

As noted above, the ALA Freedom From Smoking TV campaigns (FFS-TV) have been aired in more than 30 media markets and a Spanish adaptation of the FFS-TV campaign has been aired. ALA workplace smoking control programs are targeted to blue-collar workers and are implemented in industrial and office worksites.

## **Planned Activities**

### **Tobacco and School Health Activities**

ALA will work with national and community organizations to increase diffusion of its smoking policy, education, and cessation materials, especially those targeted to specific populations of smokers such as blue collar workers, minorities, and older adults. Diffusion of ALA's Prevention and School Health Tobacco Use Prevention programs will be a priority focus of the ALA Smoking OR Health program.

ALA will continue to work with health professional organizations to encourage their distribution and implementation of smoking cessation and maintenance materials for their patients who smoke. ALA will continue to seek national sponsorship of the ALA multi-media based smoking cessation (and policy) programs in both mainstream and minority media. To meet the goal of a smoke-free society by the year 2000, the tobacco industry's influence on public policy must be reversed. A few examples include ALA's proposed Federal legislation calling for: elimination of the Federal tobacco price support program, elimination of the tax deduction for tobacco advertising, and a call for the U.S. Department of Health and Human Services to have regulatory responsibility for tobacco products, including the authority to regulate advertising and promotion, access to tobacco products by youth, and labeling of tobacco products.

### **Occupational Health Activities**

We plan to evaluate the Future Workers' Education Project to see if students are more likely to engage in positive health and safety behaviors. We will begin promoting our educational products and services to workplaces to be used as part of their wellness activities.

### **Environmental Health and Air Conservation**

ALA intends to expand its current efforts regarding effective implementation of the Clean Air Act, with particular emphasis on implementation and enforcement of Clean Air Act requirements at the State and local level in major nonattainment areas. ALA will continue to implement its public information and outreach programs, including Clean Air Week and National Car Care Month, to reduce air pollution from individual sources. ALA will expand its radon public information program to include additional local Lung Associations and a larger national outreach component.

### **Lung Disease, Care, and Education**

As noted under current activities, the ALA has initiated educational programs, awareness campaigns, and public policy initiatives specific to asthma, influenza and pneumonia, tuberculosis, and chronic obstructive pulmonary disease aimed at the prevention, control, and treatment of these lung diseases and attainment of related *Healthy People 2000* objectives.



## American Meat Institute

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**Type of organization:** trade organization.

**Year established:** 1906

**Mission:** to create a regulatory, legislative, and consumer environment in which the meat packing and processing industry can operate efficiently and profitably.

### Activities Supporting Healthy People 2000/Planned Activities

American Meat Institute (AMI) activities support the achievement of the goals and objectives of *Healthy People 2000* by helping to insure a healthy, safe, and affordable meat supply. By providing educational resources for meat manufacturers on sanitation and safety, AMI encourages ever-increasing excellence in meat processing both for the working environment and for meat products.

AMI's main activity to support the goals of *Healthy People 2000* will be to cooperate with the Food Marketing Institute and the National Live Stock and Meat Board in providing nutrition information for meat products for retail markets. Consumers will have complete nutrition information for fresh meat products to make informed buying decisions.

AMI will continue to provide consumers the AMI "yellow pages" about red meat and to sponsor sanitation, safety, and economic seminars for food manufacturers to help insure a healthy and wholesome meat supply to the country.

## American Medical Association

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**Type of organization:** health professional association (health-care membership association).

**Year established:** 1847

**Number of current members:** 280,000

**Mission:** to promote the science and art of medicine and the betterment of public health. The American Medical Association (AMA) supports its member physicians in helping all Americans lead healthier and more productive lives.

### Activities Supporting Healthy People 2000/Planned Activities

The AMA has eight policies related to preventive medicine and 43 policies categorized under public health. These policies, along with the 1992-1994 Strategic Plan and the report on *Healthy People 2000* presented at the 1991 annual meeting, provide a blueprint for Association activities directly related to achieving the *Healthy People 2000* goals and objectives. For the 1992-1994 period, the AMA will concentrate on six public health issues: HIV/AIDS; substance abuse; health of specific groups; interpersonal violence; clinical preventive services; and environmental health. These and other health promotion, health protection, and preventive services activities are being implemented throughout the Association, primarily through professional and consumer publications and programs, departments with specific activities related to *Healthy People 2000*, the medical education group, the corporate wellness program, and departments and offices with functions related to *Healthy People 2000* issues.

### Professional and Consumer Publications and Programs

The *Journal of the American Medical Association* (JAMA, George Lundberg, M.D., (312) 464-2400), the *Archives of Internal Medicine*, and the *American Journal of Diseases of Children* feature peer-reviewed articles and editorials on preventive medicine topics, including theme issues on topics such as tobacco, violence, minority and Hispanic health, and access to health care for the uninsured and underinsured. The *Archives of Family Medicine*, which will begin publication in 1992, will have a natural affinity for research and other topics related to *Healthy People 2000*. JAMA focuses specific attention on *Healthy People 2000* through periodic editorial and surveillance articles related to progress in achieving the Nation's health objectives.

The Electronic Media and Consumer Affairs group (Severine Brocki, (312) 464-5986) uses television, videotape, radio, and educational inserts/magazine publication to reach both physicians and the public with important health messages related to *Healthy People 2000* topics: suicide and violence; STDs; smoking cessation; hypertension; arthritis; depression; women's health; and lowering cholesterol. Major activities include the Consumer Book Program (Heidi Hough, (312) 464-2535), a weekly TV show on consumer health (Stephanie Shubat, (312) 464-5987), and national health campaigns (Laura Quinn, (312) 464-4444). The Consumer Book Program, developed to stress health promotion and disease prevention, includes the 19-book AMA *Home Medical Library* series; specific *Healthy People 2000* topics are addressed in volumes four through seven: *Fighting Cancer*, *Diet and Nutrition*, *Monitoring Your Health*, and *Exercise, Fitness, and Health*. The *AMA Family Medical Guide* also emphasizes health promotion and protection. Since September 1991, the AMA has presented an hour of TV for consumers every

Sunday on the Discovery channel from 9:00-10:00 ET. Programming includes "Health Styles" and "Living Well America."

National health campaigns (e.g., Education Program, Women's Health Campaign) use a variety of media, including TV programs, videotapes, pamphlets, messages on products, and local health awareness seminars. Plans are underway for a children's health campaign and a smoking cessation program, both *Healthy People 2000* priorities. Also scheduled is a test for a consumer health magazine, *Living Well*, on newsstands in March 1992.

### **Departments with Activities Directly Related to Healthy People 2000**

The Department of Preventive Medicine and Public Health (Thomas Houston, M.D., (312) 464-5957) coordinates AMA activity in areas concerning tobacco control, clinical preventive medicine, violence/women's health issues (including a monograph on detection of spousal abuse), occupational health and safety, and other issues. Liaison activities with public health organizations, such as the American Public Health Association, the American College of Preventive Medicine, the American Cancer Society, and the State, local, and specialty societies in these areas, are focused here. Other activities include physician and community education, public health policy consultation, and resource evaluation, as well as planning and participation in conferences on "Tobacco Use in America" (1989), the ongoing "Medicine for the 21st Century" series (featuring health promotion in 1991), and the 8th World Conference on Smoking and Health. An AMA-American Bar Association project teams lawyers and doctors in school-based drug education efforts.

The Department of HIV (John Henning, Ph.D., (312) 464-5460) is involved in a number of initiatives, conferences, projects, publications, and educational programs related to *Healthy People 2000*. The Department of HIV helps coordinate AMA policy and activities in areas related to HIV and AIDS, including physician and public education. Staff help the medical profession by consulting on HIV and STDs, producing and disseminating information and training for physicians, and promoting greater involvement of physicians in HIV activities.

The Department of Mental Health (Marshall Rosman, Ph.D., (312) 464-5067) has several initiatives related to *Healthy People 2000*, including development of a three-video teleconference series for primary care physicians on diagnosing and treating depression, that was broadcast to 530 hospital viewing sites. The AMA Council on Scientific Affairs, under the leadership of a national expert panel, has drafted five reports on the recognition and treatment of depression in primary care settings, and the Department of Mental Health has developed training workshops for primary care physicians. The Department's Campaign Against Family Violence, which examines all forms of abuse within families, includes a National Coalition of Physicians Against Violence, a National Medical Resource Center for the Prevention of Family Violence, and national conferences. Physician guidelines for child abuse, sexual abuse, domestic violence, and elder abuse are being developed, in addition to a series of reports on family violence from the AMA Council on Scientific Affairs. Also under development is the AMA Physician Health Foundation, which will address physician disabilities resulting from substance abuse, mental disorders, HIV infection, physical disabilities, and disabilities resulting from general medical areas.

### **Medical Education Group**

The Medical Education group (Hannah Hedrick, Ph.D., (312) 464-4697) served as the Association contact for the 1990 national health objectives and for development and implementation of the objectives for the Year 2000. Through its education and accreditation activities in undergraduate, graduate, and continuing medical education and in allied health, and through its relationships with most of the national public and private sector organizations dealing with preparing, credentialing, and employing health-care personnel, the Medical Education group is uniquely positioned to focus attention on the *Healthy People 2000* objectives. Curricula can be developed in undergraduate, graduate, and continuing medical education programs that address specific objectives. For example, objective 9.21, to increase to at least 50 percent the proportion of primary care providers

who routinely provide counseling to prevent unintentional injury, will be addressed by encouraging the inclusion of such counseling in introductory courses in clinical medicine and by pointing out the appropriateness of emphasizing automobile safety belt use in ambulatory rotations. Working closely with its partners in medical education, the Medical Education group will communicate with Healthy People 2000 coalition members about activities in academic medicine that are related to *Healthy People 2000* objectives, so that they can be considered in research plans. The Medical Education group will work also work with Healthy People 2000 Consortium members regarding cooperation in implementing the Nation's health objectives.

### **AMA Corporate Wellness Program**

The Corporate Wellness Program (Janine Minichello, R.N., (312) 464-4225), coordinated by the Volunteer Wellness Committee and Human Resources, continues to build its program in consonance with *Healthy People 2000* worksite wellness goals. The 17-story portion of the building housing the AMA headquarters is smokefree (objective 3.11). The Wellness Committee sponsors on-site programs in physical activity and fitness (objective 1.10), stress reduction (objective 6.5), nutrition education and weight management (objective 2.20), reduction of work-related injuries (objective 10.2), blood pressure screening (objective 15.2), CPR training (objective 9.5), prenatal health education (objective 14.12), smoking cessation (objective 3.4), mammography examinations (objective 16.3), cholesterol screening (objective 15.6), and special fitness events. The 1992 wellness program, built around the single theme of "Taking Care of Yourself," focuses on four major topics related to *Healthy People 2000* objectives: office ergonomics, addictive behaviors, fitness/nutrition, and self-care for common ailments. The innovation of providing on-site peer support through self-help groups will be shared with coalition members.

### **Departments and Offices with Related Functions**

The Office of Quality Assurance and Health-Care Organizations (John Kelly, M.D., Ph.D., (312) 464-5510) promotes organized and systematic quality assessment and quality assurance activities as an integral aspect of the practice of every physician, and emphasizes the promotion of health, the prevention of disease or disability, and the early detection and treatment of such conditions as essential characteristics of high quality medical care. The office supports the development by physician organizations of practice parameters and other tools to aid clinical decision making, publishes a comprehensive directory of practice parameters, and distributes numerous publications to improve clinical practice. The office also collects information and develops systems related to the surveillance and data systems used to track implementation of *Healthy People 2000* objectives.

The Department of Technology Assessment (Shirley Kellie, M.D., (312) 464-4904) provides evaluation and assessment of the application and appropriateness of medical technology and publishes evaluations to help physicians make the most effective use of this technology in caring for patients. The department is currently assessing what physicians know in the areas of risk factor assessment and preventive interventions for osteoporosis and will use the results to develop educational activities. The department also assesses the effectiveness of physician exercise counseling in risk for falls in older adults. A meta-analysis on estrogen replacement therapy has been completed and the department is now heavily involved in the U.S. Centers for Disease Control (CDC)/American College of Radiology cooperative agreement for quality assurance efforts in mammography screening. Future activities include convening an expert panel to look at quality assurance technologies, as well as technology assessment of a new method for measuring bone mass, dual energy X-ray absorptiometry.

The Division of Drugs and Toxicology (Donald Bennett, M.D., Ph.D., (312) 464-4560) publishes one of the world's standard and comprehensive references in the field of drugs and toxicology, which evaluates and compares individual drugs, classes of drugs, and drug regimens. It enables physicians to appropriately select and use medications, immunizations, and other therapies. This

division also helps coordinate Association policy, education, and public information about issues in national prescription drug policy, substance abuse, workplace drug testing, and related topics.

Library Information Management (Ashish Bajaj, (312) 464-5316) responds to more than 1,800 calls from physicians and 7,000 calls from the public each month; requests for information on medical topics provide opportunities to educate about *Healthy People 2000*. This unit can enhance physician and public education by assisting with research on specific medical topics by providing computerized literature searches, journal article reprints, and short-answer/referral information.

Legislative Activities (Jeffery Stokols, (312) 464-4768) monitors pending legislation and enacted Federal, State, and local legislation and develops model legislation dealing with a variety of public health issues, including tobacco and alcohol control, regulation of assault weapons, highway safety measures, and AIDS.

## Activities for Special Populations

The Department of Adolescent Health (Kathy Voegtle, (312) 464-5575) is conducting a variety of activities to help promote the achievement of the national health objectives for adolescents. The Healthier Youth by the Year 2000 project has been funded through a cooperative agreement with the U.S. Office of Disease Prevention and Health Promotion (ODPHP). Project activities include the development of the National Adolescent Health Promotion Network (NAHPNet) a multidisciplinary network of more than 5,000 adolescent health professionals who serve as conduits for information on adolescent health and the publication and distribution of the *Target 2000* newsletter. Special publications include *Healthy Youth 2000*, extracted from *Healthy People 2000*; the *NAHPNet Directory*, describing network member's areas of expertise and interest; and a booklet on adolescent nutrition and physical fitness. A special monograph to increase health professionals' awareness of the importance of cultural sensitivity in working with adolescents from ethnic/racial minorities will be published in fall 1992. Other department activities include publication of the *Profiles of Adolescent Health* and development of *Guidelines for Adolescent Preventive Services* and of a *Physician's Handbook on Adolescent Drug Abuse*.

The Department of Geriatric Health (Joanne Schwartzberg, M.D., (312) 464-5355) coordinates initiatives in home health care, polypharmacy, depression, and smoking cessation, and provides resource information to physicians practicing geriatric medicine. The Department's Home Health-Care Initiative, directly related to the objective of preserving independence, is developing Guidelines for Medical Management of Home Care Patients to guide physicians in caring for frail older patients and assisting them in maintaining their independence in the home/community setting. Education about these guidelines will be presented through workshops in conjunction with the State medical societies, the State Units on Aging, and Area Agencies on Aging. The Department is currently developing an informal network among physicians interested in geriatrics who are active in State medical societies and medical specialty societies, with the purpose of identifying issues of concern and exchanging information about activities and educational programs. An initiative in Multiple Drug Use in the Elderly, initiated in 1991, directly addresses objective 12.6 (physician review of patient medications). Activities in the area of nutrition include the promotion of nutrition screening and better nutrition care for older adults.

## American Medical Student Association/Foundation

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Eric Whitaker  
President, AMSA  
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(703) 620-6600 ext. 202

**Type of organization:** professional/student organization.

**Year established:** 1950

**Number of current members:** 30,000

**Mission:** to improve medical education, health care, and health-care delivery so that health care may become more personal and holistic in a world of increasing technology and efficiency. We define health as a positive, dynamic state of physical, mental, and environmental well-being, and therefore, believe that health care should be oriented toward the achievement of health and not solely a treatment of disease. Health-care maintenance, then, becomes a basic responsibility of all individuals, and health professionals become the colleagues of patients in the management and maintenance of health.

We believe that access to high quality health care is a right, not a privilege. This implies equal access to equally high standards of health care regardless of economic status, political beliefs, cultural background, geographic position, race, creed, national origin, age, sex, sexual orientation, physical handicap, mental handicap or institutionalization for criminal, medical, or psychiatric reasons. Since resources are limited, they should be allocated so that they equitably promote the public health; thus, health-care issues must be addressed in the public forum.

### Activities Supporting Healthy People 2000

The governing principles of the American Medical Student Association (AMSA) contains resolutions that directly support the goals and objectives of *Healthy People 2000* in many areas of medicine. AMSA principles address:

- Health Promotion - nutrition, tobacco advertising and use by youth, alcohol and other drug use prevention and treatment, family planning, treatment of mental health disorders, disease screening, and educational, community-based programs;
- Disease Prevention - prenatal, maternal and infant health, HIV infection, sexually transmittable diseases, immunizations, and clinical preventive services;
- Health Protection - work and environmental safety, food industry and baby formula regulations; and
- Physician Supply and Distribution - primary care residency, primary care curriculum and research, two year voluntary service in health professions shortage areas, and minority recruitment in health professions.

AMSA has 18 Task Forces and Standing Committees (TF/SC) that represent topics of major priority for our membership. TF/SC that address *Healthy People 2000* are:

- TF on AIDS (priority area 18);
- SC on Community Health (priority areas 3, 4, 8, and others);
- TF on Occupational and Environmental Health (priority areas 9, 10, 11).

Some projects sponsored by TF/SC are:

- *AIDS Proceedings*, a publication featuring keynote addresses from medical conferences across the country;
- Anti-Smoking Campaign in Public Schools, a resource for teaching junior high students about smoking and discouraging this behavior;
- Bike Trek for AIDS, a project to raise funds for AIDS programming and education in South Carolina, October 1990;
- Canadian-United States Health Study Tour, a comparison of the two health-care systems, June 15-25, 1992;
- Center for Defense Information Film, a film on the environmental effects of nuclear weapons production and the health effects on workers;
- Chicago Study Tour, reviews health in the work place, October 18-20, 1991;
- *Community Health Project Directory*;
- *Handbook of AIDS Electives*.
- Nutrition Education of Parents and Children as Partners, a project in which students work with local parent/teacher associations to teach children about health problems and good nutrition;
- Pediatrics Specialty Interest Group, a program to interest students in pediatrics through lunchtime seminars and faculty preceptor programs;
- Students Teaching AIDS to Students (STATS), a program in which students visit schools to educate adolescents about AIDS; and
- *Twelve Principles for a National Health Program* that was developed by AMSA's Pepper Commission Study Group.

AMSA educates members about Healthy People 2000 through articles in the legislative newsletter, *Straight From The Hill*; the *Task Force Quarterly*; the newsletter from the Center for Health Policy *The Center Report*; and editorials in the *New Physician*.

## Activities for Special Populations

AMSA has task forces on Aging (many priority areas), and Child and Adolescent Health (priority areas 3, 4, and others). In addition, AMSA has Standing Committees on Minority Affairs.

Other projects sponsored by TF/SC include:

- *Funding Resources for Minority Medical Students*, a publication to assist minority students interested in medicine, but discouraged by high costs of medical school;
- American Geriatrics Society/AMSA Student Symposium in Geriatrics— November 1992;
- *Geriatrics Education and Research Opportunities*; and
- Teaching Nutrition to Grades 1 through 6 - students visit classrooms and teach young children nutrition using puppet shows, discussions, healthy snacks, and take-home material.

## Planned Activities

We have authorized a Commission on Reforming Medical Education, that will study undergraduate medical education and propose changes to include and address objectives of *Healthy People 2000*. We will continue to support legislation that addresses the health problems of our Nation, and the goals of *Healthy People 2000*. We will continue to educate our membership about the goals of *Healthy People 2000* and the results of the health objectives for

1990. Finding which programs worked and which failed will better prepare our membership to meet the goals for the year 2000.



# American Occupational Therapy Association

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**Type of organization:** medical professional organization.

**Year established:** 1917

**Number of current members:** 47,000

**Mission:** to support a professional community for members dedicated to the development and promotion of occupational therapy. The organization serves the interests of its members by representing the profession to the public and promoting access to occupational therapy services.

## Activities Supporting Healthy People 2000

The American Occupational Therapy Association (AOTA) and our 47,000 members support the expansion of occupational therapy research and practice in activities that will document achievements in health, well-being, and wellness through disease prevention and health promotion. Therapists regularly promote health and wellness through basic prevention efforts that serve as the cornerstone of therapeutic intervention. (AOTA, Position Paper, 1989). Occupational therapy's emphasis on occupational therapy performance, purposeful activity, balance within systems, and the interaction between the environment and the individual is congruent with the idea of wellness as a context for living (Johnson, 1986).

The AOTA membership actively supports the achievement of the goals and objectives of *Healthy People 2000* through membership in the Consortium. Therapeutic interventions are aimed at helping clients achieve optimal health through activities to learn how to create change in themselves and especially their environments. Annual, regional, and local conferences are presented by the 50 State Associations offering education in health promotion, including: employee worksite wellness programs; child and maternal health promotion through school system activities; and older adult preventive health care and education in senior centers, congregate housing sites, and continuing care retirement facilities.

The AOTA has and will continue to educate members regarding Healthy People 2000. Articles and editorials have been included in these publications: *The OT Week*, *The American Journal of Occupational Therapy*, and *the Journal of Occupational Therapy Research*.

AOTA's newest membership special interest section (SIS), the Wellness SIS, reflects growing participation and implementation of new programs in this particular area of practice. In 1991, the application process was initiated for the section to achieve formal status as the eleventh member special interest section.

## Clinical Preventive Services Activities

Occupational therapy intervention efforts have increased the amount of health promotion and wellness information available to clients. Members regularly receive updated bibliographies on health education materials information. AOTA membership special interest sections quarterly newsletters include articles that address this topic. Establishment of a national office staff position, the Health Promotion/Wellness Program Manager, has increased the extent of focused effort directed toward health education through therapeutic interventions.

Establishment of a national office staff position, the Minority Affairs Program Manager, has allowed increased focus to be directed toward OT as a career consideration.

### **Unintentional Injuries Activities**

Occupational therapists have particular expertise in creating enabling environments that better match the changing needs of the patient. Housing and public accommodation redesign for the impaired and disabled populations are critical in increasing safety and independence. Appropriate counseling on safety is offered as a regular part of therapeutic intervention. Fall prevention education and driver assessment and training are important contributions made by therapists to reducing unintentional injuries.

### **Occupational Safety and Health Activities**

Reduction in work-related injuries is a critical objective of occupational therapy worksite intervention strategies that address worker health and safety (i.e., back injury prevention and ergonomic work station design).

### **Planned Activities**

The 1990 Annual Member Data Survey analysis reflected dramatic increases in the number of therapists and therapy assistants indicating health promotion as a primary practice area. Implementation of undergraduate, graduate, and continuing education course work about health promotion and wellness is occurring in 140 occupational therapy educational training programs.

In support of heightening the awareness of the goals and objectives of *Healthy People 2000*, a nationally recognized health researcher will serve as a plenary speaker at AOTA's 1992 Annual Conference. His topic, "Quality of Aging Across the Lifespan," will be of particular interest to therapists who believe that wellness should be a context for living.

Various private and public grant funding proposals were submitted in 1991. These funds will be directed toward the implementation of major training projects to increase public and professional awareness of the value of universal design for living environments and public accommodations. Creating environments that reduce health risks for the disabled and impaired, as well as normal aging populations, is a top priority.

# American Optometric Association

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Robert Kleinstein, O.D., M.P.H.  
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**Type of organization:** health professional association.

**Year established:** 1918

**Number of current members:** 28,000

**Mission:** to improve the quality, availability, and accessibility of eye/vision care, to represent the optometric profession to government, third parties, and the public, and to assist members in conducting their practices successfully in accordance with the highest standards of patient care and efficiency.

## Activities Supporting Healthy People 2000

The American Optometric Association (AOA) publicized the *Healthy People 2000* goals and objectives to optometrists through newsletter articles. In addition, we organized a Healthy People 2000 committee to develop and coordinate plans to promote the implementation of the *Healthy People 2000* goals and objectives, with specific emphasis on eye and vision-related objectives.

The Association developed plans for presenting the objectives to members who are State association presidents, presidents-elect, and executive directors. AOA also developed plans for continuing to educate members through articles and editorials about *Healthy People 2000* and how they can help in the attainment of these objectives in their State and community.

We developed clinical guidelines to support health promotion and disease prevention objectives, e.g., guidelines for preventive eye care including age-specific preventive screening recommendations. The Association reviewed and made recommendations for improving the guidelines of the U.S. Preventive Services Task Force. Finally, AOA supported the development of the national education program on diabetes and glaucoma coordinated by the National Eye Institute.

## Planned Activities

### **AOA plans to:**

- Emphasize the inclusion of *Healthy People 2000* objectives in its continuing education programs and at its national meetings;
- Emphasize the inclusion of *Healthy People 2000* goals and objectives in the professional programs of the Nation's schools and colleges of optometry;
- Seek resources to assist its members in helping to attain the objectives;
- Continue to develop clinical guidelines to help in the attainment of the objectives;
- Promote regular eye care among people in high-risk groups; and
- Review the latest edition of *Healthy Communities: Model Standards* to determine how members can help implement preventive services in their local communities.

## American Orthopaedic Society for Sports Medicine

Nicholas A. DiNubile, M.D.  
Llanerch Medical Center  
510 West Darby Road  
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(215) 789-1050  
FAX 449-9814

**Type of organization:** medical professional association.

**Year established:** 1972

**Number of current members:** 1,075

**Mission:** to foster, promote, augment, develop, and encourage investigative knowledge of sports medicine and its many ramifications; to develop and encourage the teaching of the same by developing, publishing, and copyrighting educational materials, and to provide specialized training for Orthopaedic Surgeons and others; and to foster, promote, support, augment, develop, and encourage education in allied professions in the prevention, recognition, and orthopaedic treatment of sports injuries.

### Activities Supporting Healthy People 2000

The American Orthopaedic Society for Sports Medicine (AOSSM), in conjunction with its members across the country, are involved in the development and implementation of numerous programs that relate both directly and indirectly to many of the objectives of *Healthy People 2000*. Current projects deal with the following issues and objectives:

- Physical Activity and Fitness (12 objectives including one that specifically deals with physician involvement and the promotion of exercise);
- Sports- and fitness-related injuries;
- Anabolic steroid abuse;
- Exercise prescription; and
- A wide variety of other important health issues and objectives that indirectly affect sports medicine as well as orthopaedic surgery.

AOSSM has developed numerous patient education brochures addressing: youth in sports; physically disabled athletes; running and jogging injuries; the athletic woman; prevention of skiing injuries; and youth soccer. The Society has also been very active in the development of various recommendations for sports involvement in an effort to reduce the severity and incidence of injuries. For example, our efforts in Little League Baseball and Softball include an entire educational program with a manual and video tape. We have also produced an educational video regarding anabolic steroid abuse.

### Planned Activities

The American Orthopaedic Society for Sports Medicine will continue development of existing programs as well as initiation of other new projects that support Healthy People 2000.

# American Osteopathic Academy of Sports Medicine

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Richard J. Emerson, D.O.  
President, AOASM  
Center for Sports Medicine and Orthopedics  
4220 North 19th Avenue  
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(602) 264-1837

**Type of organization:** health professional association.

**Year established:** 1973

**Number of current members:** 2,500

**Mission:** to prevent, diagnose, and manage sports and exercise-related injuries, disorders, and disease processes.

## Activities Supporting Healthy People 2000

At the invitation of the American Osteopathic Academy of Sports Medicine (AOASM), the U.S. Department of Health and Human Services/Office of Disease Prevention and Health Promotion exhibited the Healthy People 2000 exhibit at AOASM's Annual Clinical Conference in April of 1991. AOASM has asked that the Healthy People 2000 exhibit return to the 1992 and 1993 conferences. In addition, the *Healthy People 2000* Physical Activity and Fitness objectives were published in AOASM's official journal, the *Journal of Osteopathic Sports Medicine*, Volume 5, Number 1, February 1991.

The AOASM was the first sports medicine organization to develop and distribute a *Policy and Position Statement on Anabolic Androgenic Steroids and Substance Abuse in Sports*. This paper is available for reprint through the AOASM.

## Activities for Special Populations

In its continuing effort to highlight the needs of the disabled athlete, the AOASM published a report of injuries to World Class Cerebral Palsy Athletes in the *Journal of Osteopathic Sports Medicine*, Volume 5, Number 3, October 1991. The AOASM will continue to develop and promote publications and programs that address the needs of the disabled and children involved in sports and exercise.

## Planned Activities

In 1992, in cooperation with the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Orthopaedic Society for Sports Medicine, the AOASM will publish the *Pre-Participation Physical Exam Monograph*. This publication will provide physicians, nurses, therapists, and athletic trainers at all levels of amateur and professional sports, guidelines for determining the basic fitness level of an athlete. The monograph will be an excellent baseline, information gathering tool with a special emphasis on examination of the young athlete.

Finally, the AOASM is developing a Policy and Position Statement on the effects of HIV and its implications for athletes and the sports medicine physician.

## American Physical Therapy Association

Bob Asztalos  
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APTA  
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(703) 706-3165

**Type of organization:** health professional association.

**Year established:** 1921

**Number of current members:** 51,000

**Mission:** to meet the physical therapy needs of society, to meet the needs and interests of its members, and to develop and improve the art and science of physical therapy including practice, education, and research.

### Activities Supporting Healthy People 2000

The American Physical Therapy Association (APTA) sent a delegation of three physical therapists and a professional staff member to the Healthy People 2000 conference in September 1990. Several articles were written in Association publications publicizing release of the report, with particular focus on the Physical Activity and Fitness priority area.

APTA participated in the coalition that supported enactment of the Health Objective 2000 Act during the 101 Congress. APTA intends to continue to support legislation that supports the *Healthy People 2000* objectives.

The Association ordered more than 100 copies of the Executive Summary of the Report and distributed them to our chapters in each of the States and Territories, and to our sections that consist of specialized groups of physical therapists.

### Planned Activities

Our Practice Department is in the process of compiling a list of physical therapists who focus on wellness or preventative care. We will work with those therapists to ensure they receive the most current data in this field.

An APTA Ad Hoc Strategic Planning task force, which is establishing goals for the Association, is using *Healthy People 2000* in planning wellness goals.

# American Podiatric Medical Association

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Medical Association  
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**Type of organization:** medical professional society.

**Year established:** 1912

**Number of current members:** 9,600

**Mission:** to serve the public by: developing, providing, and using resources to ensure the availability of podiatric medical care; providing the government and third-party payors with the information and representation that podiatric medicine is an integral component of the health-care system; and promoting valued and high quality foot and ankle care, high ethical standards, fair business practice guidelines, and public health education. To serve the profession by: providing and maintaining an organization that addresses the needs of its members; promoting and encouraging professional growth through continuing medical education; and promoting and encouraging scientific inquiry and research.

## Activities Supporting Healthy People 2000

The American Podiatric Medical Association (APMA) has undertaken or will soon initiate programs to support the achievement of several goals and objectives of *Healthy People 2000*. Among those activities are:

### Health Promotion - Tobacco

The association has banned the use of tobacco products from all of its political, scientific, and clinical meeting sites. Effective January 1, 1992, the use of tobacco products at the association's national headquarters will be likewise prohibited.

### Preventive Services - HIV Infection

In August 1991, the Association's House of Delegates adopted a national policy affecting doctors of podiatric medicine and HIV infection. Fulfillment of the policy's goals is a high priority for the association.

### Preventive Services - Clinical Preventive Services

Recognizing that primary foot care services are inaccessible to many Americans, the Association has undertaken the following remedial efforts:

- Put in place a board certifying process in primary podiatric medical care to strengthen the profession's commitment to preventive foot care; and
- Development of its own grant program to promote a podiatric medical presence within city and county public health programs. During 1990-91, three such programs in Des Moines, Chicago, and Alexandria, VA have been funded.

## American Public Health Association

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**Type of organization:** health professional association.

**Year established:** 1872

**Number of current members:** 50,000

**Mission:** to protect and promote personal and environmental health. The Association shall exercise leadership with health professionals and the general public in health policy development and action, with particular focus on the interrelationship between health and the quality of life and on developing a national policy for health care and services and on solving technical problems.

### Activities Supporting Healthy People 2000

The American Public Health Association (APHA) has been an active partner with the Federal Government and private organizations in developing *Healthy People 2000*. Throughout development of the objectives, APHA submitted suggestions for proposed changes. The theme for the APHA 1990 annual meeting, held in New York, was, "Forging the Future: Health Objectives for the Year 2000."

APHA has continued active involvement in the Healthy People 2000 Consortium, and taken numerous actions in support of the achievement of the objectives. One very popular activity was the publication of our own *Abridged Healthy People 2000*, which was mailed free to members requesting it. More than 1,400 were distributed between January and July, 1991, most before the official version was made available. *Healthy Communities 2000: Model Standards*, published in July, represents another Association effort to use the objectives to develop a healthier country. Through its Task Force on the Future of Public Health, the Association has formally encouraged its affiliates to develop statewide coalitions for public health. APHA has been a partner with the National Center for Health Statistics in developing the health status indicators required by objective 22.1. Along with several other national organizations, we have participated in two related coalition building efforts: the National Forum on the Future of Public Health and the Public Health Workforce Consortium.

### Planned Activities

APHA will use those objectives that are appropriate in efforts to adopt a national health program, enhance environmental protection, strengthen public health infrastructure, provide preventive services for the most vulnerable, and protect our society from the harmful effects of the tobacco and gun industries. We will also continue to encourage our affiliates to be involved in development of State and community health objectives.



# American Rehabilitation Counseling Association

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**Type of organization:** health professional association.

**Year established:** 1957

**Number of current members:** 2,645

**Mission:** to enhance the development of people with disabilities through the lifespan and to promote excellence in the rehabilitation counseling profession.

## Activities Supporting Healthy People 2000

The American Rehabilitation Counseling Association (ARCA) works to encourage professional excellence through research, continuing education, and consultation. Through public education and legislative action, ARCA influences environmental conditions so that more opportunities are available to people with disabilities in education, employment, leisure, transportation, and housing.

ARCA has many activities supporting *Healthy People 2000*. For example, Special Interest Groups of rehabilitation counselors specifically concerned with drug and alcohol abuse and problems associated with aging are conducting research and informing the membership of new intervention strategies.

In addition, four issues of the *Rehabilitation Counseling Bulletin* are published each year. This publication disseminates research conducted with a wide range of disability groups. A recent special issue was devoted to disability management, detailing approaches business and industry can adopt to prevent, monitor, and positively affect disability in the workplace. ARCA also publishes four issues of the *ARCA Newsletter* each year, advising members of continuing education opportunities, member activities, and new resources.

ARCA offered a Special Skills Workshop on Adaptive Housing on March 30, 1992 as part of a national conference in Baltimore. Participants learned the design elements of housing that is safe, accessible, and affordable and provisions of the Fair Housing Act that pertain to people with disabilities.

## Activities for Special Populations

ARCA activities target improvements in the well-being of people with disabilities.

## Planned Activities

Study circles on disability policy are being conducted in communities across the country. The results of these deliberations, which will include consumers, professionals, and citizens, will be compiled for use by legislators as the Reauthorization of the Rehabilitation Act is designed.

Finally, materials describing the Americans with Disabilities Act and its impact on counselors in various settings will be distributed through the *Guidepost*, a publication of the American Association for Counseling and Development.

## American School Food Service Association

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Foundation  
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(703) 739-3900

**Type of organization:** professional association (our foundation is an education and research organization).

**Year established:** 1946

**Number of current members:** 67,000+

**Mission:** to promote: optimal nutrition, health, and education for all children through effective, fiscally sound nutrition and nutrition education programs; sufficient funding and policies to support school and community nutrition programs; professional and personal growth and involvement of all members in ways that benefit the child, school, community, and the Nation; and public awareness of the role of nutrition programs in meeting the educational, physical, environmental, and social needs of the child and school community.

### Activities Supporting Healthy People 2000

The focus of the American School Food Service Association (ASFSA) is child nutrition and nutrition education. In keeping with Healthy People 2000, ASFSA's School Food Service Foundation entered into a cooperative agreement with the U.S. Public Health Service in 1990 to develop a program that would increase implementation of the Dietary Guidelines for Americans in school food service.

The result is "Healthy E.D.G.E. in Schools: Eating, Dietary Guidelines, and Education". Healthy E.D.G.E. consists of a motivational videotape and companion "how-to" manual highlighting successful, cost effective ways of incorporating the Dietary Guidelines into school food service and offering practical information about nutrition education approaches, promotions, and networking with other members of the education community. The materials are based on an "Idea Seminar" that brought together more than 40 leaders in school food service and State child nutrition programs, as well as representatives of government and the food industry and experts in the areas of health and physical fitness.

The video and manual are being used for in-service training of ASFSA members in menu planning, recipe development, food purchasing, promotion planning, nutrition education and student involvement activities; and with the broader education "team"—teachers, parents, administrators, school health personnel, coaches, etc.—to help them better understand and communicate the relationship between diet and health. A series of quarterly mini manuals now in production will expand on the information in the original manual and continue the education process.

Another major project closely related to Healthy People 2000 is the ASFSA Foundation's five-year breakfast research project, launched this year. The purpose of this project is to study the long-term relationship of a nutritious breakfast, the National School Breakfast Program in particular, to student performance.

ASFSA's Nutrition Standards and Nutrition Education Committee has developed a model wellness program for our members, which in addition to nutrition addresses other elements of a healthy lifestyle such as exercise.

Information on nutrition is presented to ASFSA members regularly via two organization publications: the *Research Review*, a juried journal; and the *School Food Service Journal*, a monthly magazine. Additional educational opportunities are available through a large number of workshops and seminars presented in conjunction with ASFSA's Annual National Conference.

## Activities for Special Populations

ASFSA activities target improvements in the well-being of children.

## Planned Activities

ASFSA's five-year strategic plan contains a number of goals and objectives to be met by 1995 that directly support the nutrition-related objectives of *Healthy People 2000*.

ASFSA will define nutrition integrity standards for child nutrition programs, achieve national acceptance of those standards, and provide leadership, training, research, and projects to meet those standards, consistent with the *Healthy People 2000* objectives.

ASFSA will help members in implementing the nutrition principles outlined in the 1990 *Dietary Guidelines for Americans* in at least: 50 percent of all child nutrition programs by 1992; 60 percent by 1993; 70 percent by 1994; and 80 percent by 1995.

To make educators aware of the significant contributions child nutrition programs make to the child's total educational experience, ASFSA will:

- Disseminate research-based information to educators and school administrators showing how student nutrition, health, and school performance relate to one another; and
- Establish a working coalition with at least five allied groups to promote nutrition and health for children and incorporate school nutrition standards into their goals.

To help child nutrition personnel, teachers, school administrators, school health professionals, and others integrate nutrition education into the school curriculum as outlined in *Healthy People 2000*, ASFSA will:

- Develop and promote national guidelines for nutrition education and develop or identify implementation materials;
- Conduct training to promote use of the child nutrition program as a learning lab for nutrition education; and
- Help members increase by at least 50 percent the number of schools that provide nutrition education for students, preschool through grade 12.

ASFSA also will provide guidelines for implementing child nutrition programs that help meet the social, educational, and health needs of special populations in schools and communities.

## American School Health Association

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**Type of organization:** membership association for health and education professionals.

**Year established:** 1927

**Number of current members:** 4,000

**Mission:** to protect and improve the well-being of children and youth by supporting comprehensive school health programs. These programs significantly affect the health of all students, in preschool through grade twelve, and the health of school personnel. School health programs prevent, detect, address, and resolve health problems, increase educational achievement, and enhance the quality of life. The Association works to improve school health education, school health services, and school health environments. The Association also works to support and integrate school counseling, psychological and social services, food services, physical education programs, and the combined efforts of schools, other agencies, and families to improve the health of school-aged youth and school personnel.

### Activities Supporting Healthy People 2000

Many programs of the American School Health Association (ASHA) support the goals and objectives of *Healthy People 2000*. The ASHA is a nonprofit organization of school health and education professionals—administrators, school nurses, physicians, health educators, physical educators, nutritionists, guidance counselors, and other school health professionals—dedicated to promoting the health of the school child. The Association provides leadership for professionals, policy makers, and the public desiring to improve school health programs through the *Journal of School Health*, annual and regional conventions, publications, continuing education, research, development of standards, and advocacy.

#### Publications

The ASHA published a special edition of the *Journal of School Health* that identified those *Healthy People 2000* objectives for children and youth that schools can directly or indirectly facilitate.

The ASHA is also publishing the following:

*A Multidisciplinary Approach to Health Education, 1992:* This publication is a replication kit for school systems that wish to develop a multidisciplinary approach to school health programming. The publication focuses on *Healthy People 2000* objectives for children and youth in the areas of cardiovascular health, nutrition, physical activity and fitness, tobacco, maternal and infant health, HIV and other sexually transmitted diseases, and alcohol and other drug abuse prevention.

*School-Based HIV Prevention: A Multidisciplinary Approach, 1991:* This manual helps the school health team plan a variety of strategies (policy, environmental change, media, social support, role playing, instruction) to prevent the spread of HIV among children and youth.

*Tell Me About AIDS, 1991:* This supplemental curriculum for students grades kindergarten through 6 provides student work sheets, parental involvement handouts, and a teacher guide.

*Sexuality Education within Comprehensive School Health Education, 1991:* This book assists school personnel who are trying to achieve objective 5.8 through the provision of a planned course on human sexuality.

Packets of reprints from the *Journal of School Health* are available on:

- Acquired Immunodeficiency Syndrome/HIV;
- Alcohol and Drugs;
- Diet and Nutrition;
- Family Life and Human Sexuality;
- Health Service Applications;
- International School Health Programs;
- Physical Fitness;
- Primary Health Care through Schools;
- Safety and Environmental Health;
- Teaching Techniques; and
- Tobacco Prevention Education.

### **Continuing Education**

In addition to providing continuing education courses at the annual and regional meetings that focus on priority areas and objectives for the year 2000, the association has developed a correspondence course for fifteen contact hours of continuing education in the *Healthy People 2000* Alcohol and Other Drugs priority area.

### **Activities for Special Populations**

ASHA activities target improvements in the well-being of children and adolescents.

### **Planned Activities**

In general, the ASHA will continue to develop its existing programs, i.e., monthly journal, annual and regional conferences, workshops, and continuing education, that address the priority areas of *Healthy People 2000*.

The Association will publish the second edition of *Year 2000 Health Objectives of the Nation: Agenda for Schools*. Further publications in the editorial process include *Student Assistance Programs: Planning, Implementation, and Evaluation*; *The School Nurse's Role in the Prevention of the Spread of HIV Infections Among Youth*; *A Healthy Child: The Key to the Basics* (marketing kit); and *Health Counseling and HIV Infection in the School Setting: A Guide for School Nursing Practice*.

Plans are being developed to present a series of workshops that will address the *Healthy People 2000* priority areas of HIV Infection, Sexually Transmitted Diseases, Alcohol and Other Drugs, Nutrition, and Physical Activity and Fitness.

## American Social Health Association

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**Type of organization:** voluntary health association.

**Year established:** 1914

**Mission:** to inform, educate, and lead the fight against sexually transmitted diseases and the threat they pose to life, health, and society.

### Activities Supporting Healthy People 2000

The American Social Health Association (ASHA) has undertaken a number of initiatives that support the goals and objectives of *Healthy People 2000*. As a 78-year-old, nonprofit health organization, ASHA is the only national organization solely dedicated to the prevention and control of all sexually transmitted diseases (STDs). Through its strategies of information and education, advocacy, and research, ASHA seeks to address this misunderstood and sensitive public health priority. Following are examples of some of the recent activities undertaken by ASHA in support of the *Healthy People 2000* objectives.

#### Information and Education

The National AIDS Hotline, operated by ASHA under contract with the U.S. Centers for Disease Control (CDC), responds to calls from approximately 3,800 individuals each day. Operating 365 days a year and 24 hours a day, this service provides information and referrals to English-speaking, Spanish-speaking, and deaf callers.

The National STD Hotline, operated by ASHA under contract with CDC addresses the public's concern about all sexually transmitted diseases. Operating 15 hours a day, this service handles an average of 650 calls a day from across the Nation, concerning any of 25 different infections. ASHA's National Herpes Hotline provides confidential counseling to an average of 90 people with herpes each day.

ASHA sponsors nearly 100 local self-help groups (known as HELP groups) comprised of people concerned about their herpes infection and the prevention of transmission to others. In addition, within the past year, ASHA published and disseminated 1.4 million brochures on sexually transmitted diseases. Distributed at a low cost, our primary audiences are organizations who themselves treat and educate those at highest risk for STDs. Finally, 1990 marked the initiation of ASHA's National HPV Support Program, an education and support program for people with genital warts and for health professionals who treat and service their needs.

#### Advocacy

ASHA actively seeks opportunities to place the issue of sexually transmitted diseases in the national and local press around the country. As well as serving as a consultant to medical and technical writers, ASHA personnel appear on media talk shows, write articles for the popular press, and seek other ways to call attention to this issue. At the national level, ASHA educates elected officials about the need for increased support for prevention, education, control, and research funding for all STDs.

In recent months, ASHA fostered the development of a national coalition to fight sexually transmitted diseases. This group, comprised of more than 20 national organizations, works together to advocate for an increase in the resources for STD control.

ASHA advocates for sound public policies in the development of programs to address the rising epidemics of STD. These include active participation on coalitions such as the Coalition to Support Sexuality Education, the National Health Council, and National Organizations Responding to AIDS.

### **Research**

ASHA is the only non-governmental organization that sponsors research in sexually transmitted diseases. The ASHA Research Fund currently sponsors four post-doctoral fellows, one of whom is working on syphilis and HIV, two exploring aspects of herpes infection, and one working on human papillomavirus (HPV).

ASHA recently conducted a survey of people with herpes, exploring patterns in their health care, behavioral practices, attitudes, and the personal concerns about herpes simplex virus (HSV) infection. These data will be valuable to program planners, educators, and health professionals who treat and counsel people with sexually transmitted diseases.

### **Activities for Special Populations**

ASHA has developed a line of educational materials in Spanish and makes individual copies available upon request as well as sending large quantities to public and private organizations.

### **Planned Activities**

In the upcoming year, ASHA will continue and expand its existing efforts in support of the national health objectives. In addition, several new activities are planned:

- The publication and distribution of additional brochures covering such issues as: women and STDs; how to tell your partner about an STD; herpes and pregnancy; vaginitis; gonorrhea; and STD/HIV prevention. ASHA will develop more materials for adults with limited reading skills.
- Two educational videotapes are in development. One will address health-care providers and one will target patients recently diagnosed with a sexually transmitted disease.
- A National Chlamydia Initiative is planned for the near future. This will include a major public education campaign to highlight the problem of chlamydia and the need for routine screening and treatment. In addition, ASHA will work toward increased attention and public and private funding of this issue. One component of the National Chlamydia campaign will target health-care professionals seeking increased activity to eradicate this curable epidemic.

## American Society for Microbiology

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**Type of organization:** professional educational and scientific society.

**Year established:** 1899

**Number of current members:** 39,500

**Mission:** to promote the microbiological sciences and their applications for the common good. The American Society for Microbiology (ASM) is the largest life science society in the United States with more than 39,000 members. Members of the Society work and contribute to progress in a wide variety of disciplines. ASM members can be found in clinical, research, and public health laboratories, academia, the food, chemical, and pharmaceutical industries, and in government service.

### Activities Supporting Healthy People 2000

Underlying the Society's dedication to the advancement of scientific knowledge is its commitment to using science to serve the public interest. The ASM encourages the adoption of sound policies affecting the discipline of microbiology and the microbiologist at local, national, and international levels.

The ASM promotes and publicizes the goals and objectives of *Healthy People 2000* by participating in Consortium activities and working closely in developing *LIFT 2000—The Laboratory Initiatives For the Year Two Thousand*. *LIFT 2000* focuses on the laboratory component of *Healthy People 2000*.



## American Society of Addiction Medicine

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**Type of organization:** health professional/education association.

**Year established:** 1954

**Number of current members:** 3,600

**Mission:** to improve the treatment of alcoholism and other addictions, educate physicians and medical students, promote research and prevention, and enlighten and inform the medical community and the public about these issues. The Society serves its members by providing opportunities for education and sharing of experiences, and by promoting the development of a body of professional knowledge and literature to enhance the quality and increase the availability of appropriate health care for people affected by addictions.

### Activities Supporting Healthy People 2000

All of the American Society of Addiction Medicine's (ASAM) energies and resources are given to: the promotion of health and the prevention of disease arising from the use of tobacco, alcohol, other drugs, and to the prevention of HIV infection. During calendar year 1991, ASAM has educated, through its conferences and courses, approximately 2,500 physicians concerning problems of dependence and consequences of alcohol and other drug use, as well as HIV/AIDS. These conferences and courses have included the Annual Medical-Scientific Conference, the Ruth Fox Course for Physicians, four Review Courses in Addiction Medicine, the Fifth National Forum on AIDS and Chemical Dependency, the First National Conference on Adolescent Addiction, the Fourth National Conference on Nicotine Dependence, the State-of-the-Art Course in Addiction Medicine, and the Conference on the Family and Co-Dependency.

In addition, ASAM has published the *Syllabus in Addiction Medicine*, and the *ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders*. This landmark document initiates the establishment of a clinical decision making process based on the most current research data, and consensus on clinical judgment. The Society also publishes the *Journal of Addictive Diseases* and *Guidelines For The Treatment of AIDS*.

The ASAM Board has issued policy statements on: Labeling, Fetal Alcohol Syndrome, Advertising, Prevention, the Treatment of the Drug-Dependent Patient At Risk For AIDS, Highway Safety in Relation To Alcoholism and Other Dependencies, Nicotine Dependence and Tobacco, the Use of Alcohol and Other Drugs During Pregnancy, Measures To Counteract Prescription Drug Diversion, Documentation of Nicotine Dependence on Death Certificates, Chemically Dependent Women and Pregnancy, Methadone Treatment, Reimbursement for the Treatment of Nicotine Dependence, Third Party Coverage for Addiction Treatment, Managed Care and Addiction Medicine, and Trauma and Chemical Misuse/Dependency.

The Society's 3,600 physician members work in all areas of the fields of prevention, research, treatment, and education. ASAM offers a certification examination and has certified 2,320 physicians as knowledgeable in addiction medicine.

## American Speech-Language-Hearing Association

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**Type of organization:** professional, scientific, credentialing association representing speech-language pathologists and audiologists.

**Year established:** 1925

**Number of current members:** 65,000

**Mission:** to ensure that all people with speech, language, hearing, and related disorders have access to high quality preventative, diagnostic, rehabilitation, and consultative services to help them communicate more effectively.

### Activities Supporting Healthy People 2000

The American Speech-Language-Hearing Association (ASHA) submitted extensive comments urging modification of the *Healthy People 2000* objectives to more adequately address the needs of people at high risk for or with communication and related disorders. ASHA's comments contributed to the inclusion of a section on chronic disabling conditions. In addition, the May 1991 issue of *ASHA* magazine was devoted to issues related to the Healthy People 2000 initiative.

ASHA's Committee on Prevention of Speech, Language, and Hearing Problems (ASHA, 1990) developed a valuable resource to be used by speech-language pathologists and audiologists to meet the national objectives. The tutorial, *Prevention of Communication Disorders*, provides information that will help ASHA members initiate, develop, or enhance prevention programs in their employment settings. The tutorial also provides information for pre-service and continuing education programs on prevention, encourages research in prevention and communication wellness, and encourages professional attitudes and behaviors in concert with prevention knowledge. Fact sheets on smoking, alcohol-related birth defects, alcohol and drugs, work-related risks, risks for stroke, and risks associated with infants and older people are included as appendixes. Prevention-related resources that can be used to educate others also are included. Finally, the tutorial lists agencies that may provide materials for prevention of speech, language, and hearing problems.

ASHA hosted a national conference in December 1991, on Noise and Public Policy to promote Federal coordination of environmental noise control and abatement activities. A report to Congress will be disseminated with recommendations from the conference.

Finally, ASHA has developed many articles and materials that support the *Healthy People 2000* objectives related to communication disorders. These articles and materials include the following topics: Programs for Racial/Ethnic Minority Groups, Unintentional Injuries, Occupational Safety and Health, Oral Health, Diabetes and Chronic Disabling Conditions, Speech and Language Impairment, Learning Disabilities, Service Delivery, HIV Infection, and Clinical Preventive Services.

## Activities for Special Populations

ASHA has demonstrated its support for a substantial increase in funding for the National Institute on Deafness and Other Communication Disorders (NIDCD) so that the Institute can increase its ability to fund approved research projects, train the number of individuals needed to conduct research on communication disorders, and help reduce the shortage of minority researchers in this area. Increasing numbers of infants and children, particularly those in lower socioeconomic circumstances, have speech, language, and hearing problems. Increased funding in this area would be consistent with the *Healthy People 2000* focus on the health of minority, low income, and other special populations.

## Planned Activities

ASHA is currently developing a Healthy People 2000 Education and Marketing kit, to facilitate the efforts of speech-language pathologists and audiologists to meet the national objectives. This kit will include materials and resources for educating providers, policymakers, and consumers about the nature of communication disorders and the professionals who evaluate and treat them.

ASHA has published a list of activities to help speech-language pathologists and audiologists in their efforts to put *Healthy People 2000* objectives into practice. At the local level, this list includes suggestions to:

- Participate in local health fairs, offering speech, language, and hearing screenings and consumer-oriented programs that will heighten awareness of communication disorders and the professionals who treat them;
- Form Healthy People 2000 interdisciplinary teams in your employment setting, involving primary care providers, educators, rehabilitation professionals, and administrators to meet specific objectives;
- Organize community outreach projects aimed at preventing or identifying communication disorders of target population groups, such as youth, older adults, the poor, and minority groups;
- Participate in or initiate local public health department activities to implement and meet the *Healthy People 2000* objectives; and
- Provide in-service education and training to health-care and education professionals in your employment setting or other local health and education facilities as an introduction to *Healthy People 2000* objectives that address communication disorders. Offer collaborative strategies to implement the objectives.

At the State level, in collaboration with directors of communication disorders programs in State health and welfare departments, this list includes suggestions to:

- Within your State speech-language-hearing association, appoint a Healthy People 2000 task force or committee charged with promoting the implementation of the national health objectives addressing communication disorders;
- Include a Healthy People 2000 educational event at State speech-language-hearing association conventions, providing an overview of the project, identifying objectives related to communication disorders, and offering strategies to meet the objectives;
- Promote *Healthy People 2000* in State association newsletters, and offer specific strategies that can be implemented to meet the objectives;
- Lobby State legislators to introduce or support legislation implementing the national initiative by providing/channeling resources for service provision, personnel training, and research or development of new technology aimed at meeting the objectives; and
- Encourage States to apply for Federal monies appropriated for the Health Objectives 2000 Act.

ASHA plans to work throughout the decade toward meeting the *Healthy People 2000* objectives that call for prevention, identification, and early intervention for communication and related disorders. Collaborative efforts and joint projects with other national organizations will be an integral part of ASHA's endeavors.

# The Arc (formerly Association for Retarded Citizens of the United States)

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**Type of organization:** voluntary association.

**Year established:** 1950

**Number of current members:** 120,000

**Mission:** to secure for all people with mental retardation the opportunity to choose and realize their goals of where and how they learn, live, work, and play; to reduce the incidence and limit the consequence of mental retardation through education, research, advocacy, and the support of families, friends, and community.

## Activities Supporting Healthy People 2000

The Arc's board of directors adopted a strategic plan to "achieve significant impact in reducing the incidence of mental retardation by 1995." Specifically, the plan calls for reducing the incidence of mental retardation caused by fetal alcohol syndrome (FAS) and alcohol-related birth defects by 25 percent (objective 14.4).

The Arc has produced a fact sheet about the use of alcohol during pregnancy. It has also developed a curriculum for use with middle and high school students to educate them about FAS. These materials are available to the public at a nominal cost.

The Arc also engages in numerous other activities related to the prevention of mental retardation (objective 17.8). Its network of 1,200 local chapters conduct prevention activities in local communities throughout the Nation. Arc advocates for improved access to health promotion and disease prevention programs for people with mental retardation. The Arc conducted two national education campaigns on prevention of hepatitis B in people with mental retardation and the prevention of Hib disease in young children.

## Activities for Special Populations

Arc activities target improvements in the well-being of disabled people.

## Planned Activities

During 1992, The Arc has planned several activities related to prevention of fetal alcohol syndrome:

- During March, Mental Retardation Awareness Month, The Arc's national media campaign will feature television and radio public service announcements warning people about the dangers of consuming alcohol during pregnancy. Ads will also be furnished for use in the print media.
- A kit of materials to help chapters of The Arc to conduct fetal alcohol syndrome awareness and education activities in their local communities has been produced. Chapters are being encouraged to join in The Arc's national FAS prevention campaign during national Alcohol and Other Drug Birth Defects Awareness Week, May 10-16, 1992.

- Two additional kits are planned. One will include information and resources for local chapters of The Arc to advocate for the posting of warning signs at the point of sale of alcoholic beverages. The warnings would include a message about the harm alcohol may cause to the fetus. The other will include materials to educate people with mental retardation about FAS and to involve self-advocacy groups in conducting FAS prevention activities.

## Asian American Health Forum, Inc.

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**Type of organization:** voluntary health organization specializing in policy, research, and education.

**Year established:** 1986

**Number of current members:** 300

**Mission:** to advocate on behalf of the health needs of Asians and/or Pacific Islanders (A/PI) in the U.S. A coalition of health professionals, organizations, and other concerned parties, the Asian American Health Forum (AAHF) was formed in response to the special health needs of Asian and Pacific Islander Americans, and to the disparities persisting between the health status of A/PI and the mainstream.

### Activities Supporting Healthy People 2000

The Asian American Health Forum's (Health Forum) Year 2000 Strategic Development Program for Asian and Pacific Islander (Year 2000 Program) has engaged in several activities to promote Healthy People 2000.

#### Asian American Health Forum Conference

On November 15-17, 1990, the Asian American Health Forum's third biennial national health policy and education conference focused on Healthy People 2000 and the role Asians and Pacific Islanders have in achieving the national health objectives. In Bethesda, Maryland and Washington, DC, more than 250 key representatives from a range of health professions gathered at the U.S. National Institutes of Health (NIH) and in the Capitol to examine critical health issues for Asian and Pacific Islander Americans. The conference addressed issues of critical concern to America's Asian and Pacific Islander populations. These included data collection and research, health professions development and training, and ethnocultural barriers to care. Strategy workshops on these topics and others including primary health care, substance abuse, mental health, and health promotion/disease prevention were held to critically examine the needs of A/PI in these areas and what should be done to achieve the *Healthy People 2000* objectives for the future. In a special session, conference attendees were presented with the latest information regarding A/PI health status in the areas of general morbidity, infectious disease, hypertension, cancer, mental health, and substance abuse.

*Healthy People 2000* objectives in smoking, infectious disease, substance abuse, and data and surveillance have been addressed specifically by organizations participating with the Health Forum in implementing Healthy People 2000.

Slated for fall 1992, the Health Forum's fourth biennial national health policy and educational conference will showcase the findings of the Year 2000 Program, including an analysis of case studies. Some workshops will be facilitated by people involved in effective and successful health promotion and disease prevention programs identified from case studies. In addition, exhibits, poster sessions, and idea exchanges will highlight these programs.

### **Multi-Ethnic Health Promotion Conference**

The Asian American Health Forum's Year 2000 Program took an instrumental role in the planning of a statewide California conference focusing on *Healthy People 2000* objectives. This event was the first of its kind in the U.S. Hosted by the California Department of Health Services, Health Promotion Section, the "Unity in Health, Diversity in Culture" conference assembled close to 600 health professionals on June 11-13, 1991. Conference participants tackled the challenge of activating and enhancing a multi-ethnic health promotion agenda. The Year 2000 Program provided technical assistance for the event's outreach and recruitment and agenda development. We contributed expert knowledge about the specific health promotion and disease prevention concerns of Asians and Pacific Islanders. In addition, the Year 2000 Program assisted the Department in convening a task force of Asian and Pacific Islander health and human services professionals.

The Health Forum also helped facilitate the Asian and Pacific Islander ethnic specific breakout session that included more than 100 participants. The group explored critical health issues affecting the Asians and Pacific Islanders in California. Specifically, they addressed cancer, diabetes and chronic disabling disorders, heart disease and stroke, nutrition, and tobacco.

### **Tobacco Network**

The Year 2000 Program has cooperated with the Tobacco Control Section of the California Department of Health Services as the coordinator of the Asian/Pacific Islander Tobacco Control Education Network. This effort has convened 35 programs funded from tobacco taxes. Members of the Tobacco Network highlighted the unique challenge of tobacco control and education in the Asian and Pacific Islander communities. Previous workshops provided hands-on information on how to perform evaluation of tobacco programs, how to conduct smoking cessation classes, and how to develop educational materials.

Future efforts, coordinated by the AAHF, will include convening the California Asian and Pacific Islander Tobacco Education Advisory Committee; three California statewide conferences on tobacco control; an "800" telephone information and referral service in Cantonese, Tagalog, and Vietnamese; a quarterly newsletter and resource directory; and a tobacco education materials clearinghouse for A/Pis in California. These efforts will be fully integrated into the Year 2000 Program, as the Health Forum focuses on achieving *Healthy People 2000* anti-smoking objectives for our target populations. The Asian American Health Forum has provided consultation in similar efforts by the Latino and African American Tobacco Networks.

### **Health Resource Center for Asians and Pacific Islanders**

The Asian American Health Forum designed the Health Resource Center for Asians and Pacific Islanders (Health RECAP) to positively influence Asian and Pacific Islander American health. It fosters the acquisition, distribution, and exchange of information among service providers, policy makers, and health planners in health and human services fields. The pivotal information collected provides health service providers with information necessary to design and implement health services, plan for present and future needs, and advocate for Asians and Pacific Islanders at the greatest social, economic, and health risk. The Year 2000 Program is currently developing a system to monitor requests for information and referral as well to optimize public access and use.

### **HP/DP Strategies Development and Documentation**

The Health Forum successfully identified health promotion and disease prevention programs that serve Asians and Pacific Islanders. Nearly 1,400 surveys were sent nationally. Responses from 249 completed surveys provide critical information regarding the type of programs in operation, Asian/Pacific Islander groups targeted, and programmatic needs and goals. In-depth case studies are being performed to learn how health promotion and disease prevention programs are conducted and how they may be enhanced as well as replicated in other locations or in other health promotion/disease prevention (HP/DP) areas.



Information from the case studies, once analyzed and synthesized, will be presented and distributed. The Year 2000 Program is developing an implementation guidebook. Analysis from the case studies can provide multi-dimensional information on operating health promotion/disease prevention programs with specific Asian and Pacific Islander groups and on specific health issues.

The implementation guidebook can serve as a critical resource, making design and implementation of other health promotion/disease prevention programs more efficient, more responsive, and more cost effective. Program managers and policy makers can gain useful insights from effective health promotion/disease prevention strategies undertaken in Asian and Pacific Islander American communities.

### **Cultural Competency Model and Training Program**

The Year 2000 Program has begun to develop a training module geared for program managers, health planners, and policy makers committed to culturally competent means of health-care provision. The Health Forum's case studies continue to demonstrate that attention to the cultural dimension of health care is tantamount to providing the health service itself.

### **Asian American Health Forum Newsletter**

*Focus*, Asian American Health Forum's quarterly newsletter, has featured *Healthy People 2000* objectives. The fall 1990 issue included articles on anti-tobacco activities, health professions, data collection, and surveillance. The spring 1991 issue presented information from the Third Asian American Health Forum. The summer issue highlights hepatitis B.

In many of the above activities, due to lack of available baseline data, measurable outcome objectives will be unlikely to be set. Rather, process measures of health improvement will be the norm. It is to be hoped that future cooperative agreements or other funds and resources will be specifically directed to Asian and Pacific Islander communities so that the establishment and achievement of measurable outcome objectives can be realized.

### **Activities for Special Populations**

AAHF activities target improvements in the well-being of Asian and Pacific Islander Americans.

## Asociacion Nacional Pro Personas Mayores

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**Type of organization:** voluntary organization.

**Year established:** 1975

**Mission:** to improve the well-being of Hispanic and other low-income older people through direct service programs (e.g., employment and training), model projects, research, specialized work in media and communications, and community economic development.

### Activities Supporting Healthy People 2000

The Asociacion Nacional Pro Personas Mayores (ANPPM), or the National Association for Hispanic Elderly, has focused much of its attention on health promotion among Hispanics and other low-income older people. Two recent projects, both funded by the United States Administration on Aging, have addressed the health needs and questions of both Spanish and English speaking older people.

Project Bienestar was a public awareness campaign to promote mental health and the use of formal mental health services among Hispanic and other low-income older people. A mental health kit was created, with brochures in both Spanish and English on depression, alcoholism, grief, and the proper use of medicine. Videos and public service announcements for television and radio have been developed to disseminate the message broadly and quickly.

Project ProSalud has produced five bilingual brochures on wellness, cancer, diabetes, cardiovascular disease, and arthritis; trained fifteen bilingual older people as health counselors to their peers; and is currently producing bilingual brochures and videos on smoking cessation and good nutrition.

Our projects, both present and future, address the following priority areas of *Healthy People 2000*: Tobacco; Nutrition; Mental Health and Mental Disorders (objectives 6.4, 6.6, 6.7, 6.8); Educational and Community-Based Programs (objectives 8.8, 8.10, 8.11, 8.13, 8.14); Food and Drug Safety (objective 12.6); Heart Disease and Stroke; Cancer; and Diabetes and Chronic Disabling Conditions (objectives 17.3, 17.10, 17.11, 17.17).

### Activities for Special Populations

ANPPM focuses its programs on the needs of Hispanic and other low-income older people. All materials produced, both printed and on video through our National Hispanic Media Center, are bilingual, culturally and age sensitive, and responsive to Hispanic literacy rates that tend to be low in certain areas. Older people can easily relate to the materials they see because the scenes are portrayed by people just like them—other older people.

### Planned Activities

The National Association for Hispanic Elderly plans to continue dissemination of materials from Projects Bienestar and ProSalud across the country, through the media, our regional offices, storefront clinics, and churches that Hispanic older adults often frequent. We have received grants

to begin several new projects that include an outreach program that would make the process for obtaining Supplemental Security Income for the poor and disabled more accessible to Hispanics.

## Association for Applied Psychophysiology and Biofeedback

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**Type of organization:** health professional (multidiscipline health-care professionals).

**Year established:** 1969

**Number of current members:** 2,200

**Mission:** to promote the development and dissemination of knowledge about applied psychophysiology and biofeedback for the advancement of health and human welfare through research, education, and practice.

Biofeedback therapies are nonpharmacologic treatments that use scientific instruments to measure, amplify, and feed back physiological information to the patient being monitored. The information helps the patient gain self-regulation of the physiological process being monitored.

Psychophysiological self-regulation is a primary goal of biofeedback therapies, and feedback of information facilitates learned physiological control, just as feedback facilitates learning any skill. Biofeedback instrumentation provides physiological information that would otherwise be inaccessible to the patient. Biofeedback therapy always involves a therapist, a patient, and a monitoring instrument capable of providing accurate physiological information. (Clinical Efficacy and Cost Effectiveness of Biofeedback Therapy: Guidelines for Third Party Reimbursement, Shellenberger, R., Amar, P., Schneider, C., Stewart, R., AAPB, 1989).

### Activities Supporting Healthy People 2000

In 1989, the Association for Applied Psychophysiology and Biofeedback (AAPB) endorsed the broad goals of *Healthy People 2000* with emphasis on prevention and treatment of stress-related health disorders that are known to respond to self-regulation through applied psychophysiology and biofeedback. For example, the AAPB Legislative Committee has activities that support the *Healthy People 2000* objectives in priority areas for Mental Health and Mental Disorders; Heart Disease and Stroke; and Diabetes and Chronic Disabling Conditions. This is not a complete list of *Healthy People 2000* priority areas that can be influenced with self-regulation for prevention and treatment. For instance, applied psychophysiology and biofeedback may contribute to reduction of use of tobacco, alcohol and other drugs, and violent and abusive behavior. This highlights the variety of conditions that can be managed or influenced with applied psychophysiology and biofeedback.

The AAPB has begun and will continue to educate members regarding Healthy People 2000. For instance, an article "U.S. Government Recognizes Link Between Stress and Health in Frontier Report," (Lilian Rosenbaum, *Biofeedback* Newsmagazine of the Association for Applied Psychophysiology and Biofeedback, Vol. 18, No. 1, 1990) that focused on some of the stress-related objectives of *Promoting Health/Preventing Disease: Year 2000 Objectives for the Nation* appeared in a publication that is sent to all members of AAPB. As part of the 21st AAPB Annual Meeting in Washington, DC, March 23-28, 1990, the Chairperson made a presentation about Healthy People 2000 to a Congressional Breakfast held in the U.S. Capitol. A similar presentation was made at the 22nd Annual Meeting in Dallas, Texas, in 1991, to a group of AAPB members and Employee Assistance Program specialists.

## Planned Activities

In an effort to continue to educate all AAPB members regarding the *Healthy People 2000* objectives, members will be encouraged to review the objectives. Further, they will be encouraged to influence their local community health-care providers, health-care educators, and health-care consumers on how self-regulation through applied psychophysiology and biofeedback treatment can help achieve some important *Healthy People 2000* objectives. For this purpose, the AAPB Legislative Committee has budgeted for the President of every AAPB State Chapter to receive a complimentary copy of the *Healthy People 2000* summary.

The Biofeedback Certification Institute of America (BCIA) has developed a national Stress Management Education Certification program that certifies professionals in many different disciplines to provide stress management education to lay people and professionals. The continued growth of this program, by raising the level of stress management education, will support many of the *Healthy People 2000* objectives.

## Association for Fitness in Business

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**Type of organization:** professional (health promotion professionals).

**Year established:** 1974

**Number of current members:** 3,000

**Mission:** to influence corporate decision makers in the areas of health promotion/disease prevention and health-care cost management. The Association for Fitness in Business (AFB) is the pre-eminent international organization for worksite health promotion. AFB integrates, unifies, and serves a variety of interdisciplinary professionals and establishes the standard for health promotion programming and professional practice at the worksite.

### Activities Supporting Healthy People 2000

AFB and our members work on a daily basis in the “trenches” in helping to shape and obtain nearly every objective in *Healthy People 2000*. Our members, who manage and direct health promotion programs for their respective organizations, come in contact with nearly every health issue. AFB’s purpose is to support our members and assist in the development of health promotion programs in the workplace by:

- Publishing current information and essential data;
- Developing programs of continuing education;
- Stimulating research;
- Facilitating career development;
- Generating timely evaluations of the field; and
- Creating cooperative projects with other organizations.

Following are descriptions of a few programs that help us to fulfill our purpose and mission.

#### National Employee Health and Fitness Day

In 1989, AFB, along with the National Association of Governor’s Councils on Physical Fitness and Sports, co-presented the first National Employee Health and Fitness Day (NEHFD). On one day in May, we encouraged companies to allow their employees to literally, “Walk off the Job.” In the first year, more than 1,400 companies participated. This past year (1991), the Third Annual NEHFD had 3,100 companies signed up to take part.

AFB members serve as local spokespersons, recruiting companies to be involved. They also may create a local steering committee to develop community activities on NEHFD. This past year we had more than 200 members serve in a volunteer capacity. Companies that sign up receive an official kit with tips, suggestions, promotional materials, and incentives to help them plan their activities.

## Annual, Regional, and Local Conferences

Throughout the year, AFB presents educational conferences for our professional members, student members, and anyone interested in developing or learning more about health promotion. Our educational programs can be broken down into the following areas:

- Business of Health Promotion - Sessions focus on the wide variety of business, sales, and marketing issues facing the professional;
- Professional Development - Prepares individuals to effectively position themselves and broaden their career opportunities;
- Industry Trends and Issues - Explores the health/fitness movement, the dynamics within the health promotion industry, and other national trends;
- Program Development and Innovations - Emphasizes both the leading edge and practical issues in program design and delivery; and
- Research and Development - Presents the latest findings from “cutting-edge” research on relevant and timely topics.

The Association presents an Annual International Conference with more than 60 sessions and an exhibit hall with more than 100 booths of the latest equipment and services for health promotion programs. In addition, AFB presents four to six spring Regional Conferences and will do more than 120 local meetings throughout the year.

## Economic Impact Research and Information

In the spring of 1990, the Association brought together 12 experts in the field, who have researched and published information on the economic impact of employee health promotion programs. Through their presentations and findings, the Association developed a position paper on the economic impact of employee health promotion programs. In addition, AFB has an anthology of these papers bound in one document for easy access.

## Guidelines for Employee Health Promotion Programs

In September 1991, AFB released a publication titled, *Guidelines for Employee Health Promotion Programs*. This 120 page book describes how to organize and establish a health promotion program. It contains sample charts, job descriptions, and other information for any size organization to establish their own program. The book is published by Human Kinetics Publishers and was released at our 1991 Annual Conference.

## Planned Activities

We will continue to develop our existing programs, i.e., conferences, workshops, research, journals, career development, National Employee Health and Fitness Day, etc. In addition, we are working on some other projects that will support the Healthy People 2000 program. For example, the organization has recently adopted a set objectives related to *Healthy People 2000*. We will use these objectives to guide our future operations and involvement. Following the release of our publication, *Guidelines*, we will be implementing a workshop program to give companies a “hands-on” experience in developing and learning more about how to design and establish a company health promotion program.

In July 1992, the Association will be publishing a book on the economic impact of health promotion programs. In addition, the Association will be sponsoring additional specialty conferences on this subject and continuing to stimulate research in this area. This information is critical in the fact it provides the “bottom-line” facts to support companies and organizations to develop programs for their employees. Plus, as this information matures, it will help to provide credence to establishing incentives for health-care providers to work more effectively with companies through comprehensive health promotion programs.

Professionals in the field need a unified standard of operation and conduct. A special task force is currently addressing this issue. We recognize other organizations have certifications, however, they do not address the need to increase the integrity of the field. Our goal is to further solidify the field and carve our niche in upper management.

In addition to exercise programs, our members will be involved in aerobics, prenatal care, blue-collar issues, stress management, behavior modification, nutrition, rehabilitation, substance abuse, smoking cessation programs, and other lifestyle-related issues.



# Association for the Advancement of Automotive Medicine

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**Type of organization:** multidisciplinary professional association.

**Year established:** 1957

**Number of current members:** 700

**Mission:** to reduce traffic-related injury through educational programs, research, and public policy development, and to promote the academic and political recognition of the science of traffic injury control.

## Activities Supporting Healthy People 2000

### Unintentional Injuries

The Association for the Advancement of Automotive Medicine (AAAM), through its international membership of physicians, engineers, public health, and transport safety policy specialists, is devoted entirely to traffic injury control and impact biomechanics. Its activities are carried out through professionals in the field, rather than with the general public directly.

Specific activities include specialized courses on injury mechanisms and impact biomechanics to link the disciplines of medicine and engineering to better understand the human tolerance limits in motor vehicle crashes. This focus has direct implications for understanding how the human frame responds at different chronological ages in relation to motor vehicle design for occupants, pedestrians, and cyclists.

In addition, seat belts and child restraints have been proven to be the single most effective injury control measures currently available to vehicle occupants. Since 1982, when the AAAM took the lead to establish the first State seat belt coalition in New York, the Association has worked with State and national initiatives to influence passage of seat belt usage laws and to press for primary enforcement of these laws. Similarly, the Association has been active in promoting helmet usage laws in States with no or age-limited laws in place. Both of these activities have been carried out in cooperation with medical associations and State legislators.

AAAM also has several projects to assess current State practices and procedures to evaluate driver medical qualifications. One project specifically relates to commercial, heavy vehicle, and passenger-carrying drivers. A second project refers to developing functional impairment guidelines particularly relevant to older drivers. Implicit in the goals of both projects is the objective of preserving the driver privilege as long as possible while maintaining an optimal level of safety.

The AAAM is serving as a member of the Host Committee for the Second International Conference on Injury Control in 1993. The conference will focus on including Native Americans, delegates from developing countries, and low income people.

### Alcohol and Other Drugs

Several AAAM positions with regard to alcohol and driving are being aggressively promoted. These include: .08 blood alcohol concentration (BAC) illegal per se, and an increase in excise

taxes on alcoholic beverages. In addition, AAAM is developing a position on mandatory alcohol testing in hospitals for all patients who have been involved in motor vehicle crashes.

### **Surveillance and Data Systems**

The AAAM's Abbreviated Injury Scale (AIS) has been adopted globally as the system of choice for assessing injury severity. Initially developed in 1971 for motor vehicle crash investigation, the AIS has now been accepted for scoring other types of trauma. The AAAM continues to monitor the use of the AIS to insure compliance with injury scaling protocols. The latest edition is AIS 90.

A training course for injury data collectors and coders has been ongoing since 1986. More than 800 injury coding specialists have been trained in the U.S., Canada, England, and Australia. In addition, the AAAM continues to promote the routine inclusion of E-codes (external cause of injury) in hospital discharge summaries. AAAM recently recommended, in compliance with its 1989 policy, that E-codes be adopted in the proposed revision to the Uniform Billing form.

### **Planned Activities**

#### **Unintentional Injuries**

A video is being developed for emergency physicians, nurses, and emergency medical technicians (EMTs) describing injury mechanisms in motor vehicle crashes and the relationship of this knowledge to better injury diagnoses. In addition, AAAM is initiating in 1992 an injury scaling newsletter. Finally, educational materials on appropriate restraint systems for children aged four through ten will be developed in the near future.

# Association for the Advancement of Health Education

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**Type of organization:** health professional association, and one of the six associations that form the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD).

**Year established:** AAHE was established in 1974, but has existed as a division of AAHPERD since 1937.      **Number of current members:** 10,500

**Mission:** to promote a comprehensive approach to health education and to advance the health education profession in order to enhance individual and community health.

## Activities Supporting Healthy People 2000

The Association for the Advancement of Health Education (AAHE) widely disseminates information about the *Healthy People 2000* objectives through existing periodicals of the organization. AAHE also disseminates research findings through programs at the AAHE Convention and the *Journal of Health Education*, which can be used by individuals wishing to address the attainment of the objectives.

Individuals who have developed programs to help meet the objectives in their communities present these programs at national, regional, and State AAHE meetings. In addition, AAHE identifies effective education and intervention methodologies for use in health promotion programs focused on the attainment of the *Healthy People 2000* objectives. AAHE also addresses the attainment of various *Healthy People 2000* objectives in the Applied Strategic Plan of the Association for the Advancement of Health Education.

AAHE provides a resource cadre of health education professionals with expertise in program planning, development, implementation, evaluation, and community organization to serve as a resource for governmental, private, and educational agencies involved in working toward the attainment of the *Healthy People 2000* objectives. AAHE also incorporates the *Healthy People 2000* objectives into current AAHE program and project initiatives by focusing on the attainment of one or more of the objectives.

AAHE uses the AAHE/AAHPERD State and regional affiliate network to disseminate the *Healthy People 2000* objectives and stimulate grass root efforts toward the attainment of the objectives. AAHE promotes legislation consistent with the objectives (for example, the Clean Air Act). Finally, AAHE will continue to participate in and initiate new coalitions consistent with the *Healthy People 2000* objectives.

## Planned Activities

AAHE plans to conduct State and regional workshops to enhance the skills of individuals involved in addressing the *Healthy People 2000* objectives through educational programs. The Association will dedicate space in the *Journal of Health Education* to feature successful programs that evidence progress in the attainment of one or more of the *Healthy People 2000* objectives.

AAHE will assess and serve as a catalyst for increased involvement by health education professional preparation programs in program development and research related to the *Healthy People 2000* objectives. Finally, the Association will develop a data base of the health education human resource pool including supply and demand projections.

# Association for Vital Records and Health Statistics

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**Type of organization:** professional association (affiliate of the Association of State and Territorial Health Officials).

**Year established:** 1933

**Number of current members:** 285

**Mission:** to provide an opportunity for discussion of, and group action on, problems and policies involved in the administration of both vital records and public health statistics programs, and to serve as an advisory group to the Association of State and Territorial Health Officials and other organizations for these programs. It is the intent of this Association to represent all of the States and Territories of the United States in regard to vital and health statistics systems and to provide State and local input for national health statistics systems.

## Activities Supporting Healthy People 2000

The members of the Association for Vital Records and Health Statistics (AVRHS), an affiliate of the Association of State and Territorial Health Officials, are statisticians, data specialists, and vital registrars working in State and local health departments in every State and Territory of the Nation. Our membership is actively involved in measuring progress towards achieving the *Healthy People 2000* objectives at the State and local levels.

In addition, our members are responsible for the primary collection and processing of all data contained in the National Vital Statistics System, the Linked Birth and Infant Death Data Set, and the Fatal Accident Reporting System. Thus, our members (many of whom work in State Centers for Health Statistics) also provide a major source of the data needed to measure progress towards achieving many of the national health objectives.

Objective 22.1 calls for the establishment of a common set of health status indicators to be used by national, State, and local public health agencies. Representatives of the AVRHS participated in a workshop in April 1991, sponsored by the National Center for Health Statistics (NCHS), for the purpose of obtaining State and local input into the initial consensus set of indicators.

Objective 22.2a requires State level data to measure at least two-thirds of the objectives. The AVRHS has taken the lead in informing its members and others of the need for better State and local level data to measure progress towards achieving the objectives. Many of our members have been involved in efforts at the State and local levels to identify usable data sources and data gaps. The AVRHS is also working with NCHS to improve the timeliness and quality of data collected by the States.

Objective 22.5 charges the States with periodic analysis and publication of State-level data for at least 10 of the priority areas of *Healthy People 2000*. AVRHS representatives have recently begun working with NCHS to design an automated software system for States to use in tracking State progress towards meeting the objectives. This system could potentially include mapping capabilities, visual displays, and statistical projection techniques.

## **Activities for Special Populations**

The AVRHS, in support of its members' concerns, has been particularly interested in the objectives in Priority Area 22, Surveillance and Data Systems. Objectives 22.4 and 22.5a are concerned with the collection, analysis, and publication of data that are needed to measure progress towards the *Healthy People 2000* objectives, including data for racial and ethnic minorities, people with low incomes, and other special populations. As a necessary first step to reducing the disparities among these groups, the AVRHS is concerned about improving the quality and completeness of health statistics and demographic data on minority populations. AVRHS representatives are working with NCHS, other Federal agencies, and representatives of the minority community to assist in the design of a research agenda to improve minority health statistics.

## **Planned Activities**

As the professional association representing both a major data source and the offices with responsibility for tracking progress towards achieving the *Healthy People 2000* objectives at the State, and to some extent, the local levels, AVRHS expects to be heavily involved with the implementation of all of the objectives in Priority Area 22, Surveillance and Data Systems. In addition to the continuation of ongoing activities of the AVRHS related to objectives 22.1, 22.2a, 22.4, 22.5, and 22.5a, it is anticipated that the AVRHS will work actively with NCHS to develop procedures to collect comparable data (objective 22.3), to identify gaps in data (objective 22.4), to develop information transfer systems (objective 22.6), and to improve timely release of data (objective 22.7).

The AVRHS will be involved with many of the objectives in other priority areas as well. Because of the importance of the assessment function to measure progress in achieving the *Healthy People 2000* objectives, AVRHS and its members will continue to play a major role in the implementation of these objectives, particularly at the State and local levels.

## Association of American Medical Colleges

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**Type of organization:** medical education association.

**Year established:** 1876

**Number of current members:** The Association of American Medical Colleges represents all 126 accredited U.S. medical colleges; the 16 accredited Canadian medical schools; 400 major teaching hospitals, including 70 VA medical centers; 92 academic and professional societies that represent 72,000 faculty members; and, the Nation's medical students.

### Activities Supporting Healthy People 2000

Through its representation of the Nation's medical centers, the Association of American Medical Colleges (AAMC) provides leadership for academic medicine. It conducts a broad range of programs and studies on medical education, research and health-care services, and represents its members before Congress and the Executive Branch in pursuit of its mission: improving the Nation's health through advancement of academic medicine.

In addition to broad issues in education, medical research, and patient care, the Association and its members are concerned about enhanced Federal support for medical education. This includes active support for health manpower programs such as primary care residency training (e.g., general internal medicine, general pediatrics, family medicine and preventive medicine); departments of family medicine; geriatric education centers and faculty development; area and border health education centers; model education project grants; and the Council on Graduate Medical Education.

The Association is also involved in the following areas related to *Healthy People 2000*:

- The supply and distribution of physicians in the United States, with an ever increasing focus on ways of fostering greater interest in careers in primary care;
- The advancement of underrepresented minorities (blacks, American Indians/Alaska Natives, Mexican Americans, and mainland Puerto Ricans) and women in academic medicine and medical practice;
- Insuring clinical settings for medical student and resident education include greater involvement in community-based ambulatory care;
- The response of academic medical centers to AIDS; and
- Enhanced Federal support for medical research that underpins much of the *Healthy People 2000* efforts.

## **Planned Activities/Activities for Special Populations**

The Association will continue to be actively involved in the areas mentioned above. In addition, AAMC plans to launch *Project 3000 by 2000* to increase the number of first year underrepresented minority students to 3000 by the year 2000, an increase of nearly 100 percent. This new initiative supports objective 21.8. The primary focus of AAMC efforts will be on early intervention in the education process. The AAMC will encourage academic medical centers to identify, or foster the creation of, magnet health science high schools, and to work with local school systems and undergraduate colleges to increase the availability of educational opportunities necessary for minority youths to succeed. Long-term strategies focussing on high school students will be complemented by increased efforts to recruit currently enrolled college students.



# Association of Community Health Nursing Educators

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**Type of organization:** nurses' professional education association.

**Year established:** 1978

**Number of current members:** 400

**Mission:** to promote the public's health by ensuring leadership and excellence in community health and public health nursing education through excellence in research and practice.

## Activities Supporting Healthy People 2000

The Association of Community Health Nursing Educators (ACHNE) has contributed to the education of its members regarding Healthy People 2000. This included a two day annual conference dedicated to the review of the projects of members' who are actively engaged in creating programs to implement the *Healthy People 2000* objectives. The Association has also included three panel discussions at a national meeting to analyze the impact of the objectives on community health nursing education and practice. In addition, the Association has published information about the Healthy People 2000 Consortium activities in its newsletter.

The Association will disseminate information about member projects related to the *Healthy People 2000* objectives in a proceedings document. Member activities have included curriculum projects related to teaching others to meet specific objectives, practice projects related to populations identified by *Healthy People 2000*, and research projects that look at outcomes of interventions related to meeting the objectives.

## Planned Activities

The Association is currently planning an invitational conference in conjunction with other public health nursing organizations to identify strategies for implementing the *Healthy People 2000* objectives through education, research, and practice. The conference will explore the scope of the role of public health and community health nurses and how these nurses can be most effective in implementing these objectives.

The Association is currently involved in looking at practice activities of the public health/community health nurse and the educational requirements necessary for the nurse to be an effective participant in meeting the *Healthy People 2000* objectives.

## Association of Food and Drug Officials

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**Type of organization:** professional.

**Year established:** 1895

**Number of current members:** 565

**Mission:** to promote uniformity of laws affecting foods, drugs, cosmetics, devices, and product safety; encourage and promote enforcement of such laws; encourage and support programs that contribute to consumer protection; assist members in their technical work and development; cooperate with other professional groups in advancing consumer protection; disseminate information concerning food and drug law enforcement and administration through its official publication; and encourage and promote enforcement programs with Federal agencies within each State.

### Activities Supporting Healthy People 2000

In its many years of promoting upgrading and uniformity of State food, drug, and related consumer protection laws and regulations, the Association of Food and Drug Officials (AFDO) has developed and promoted among the individual States and through such organizations as the Council of State Governments model food and drug bills, regulations, and codes in a broad range of consumer protection areas for State statutory adoption. For example, these initiatives have included a uniform State food, drug, and cosmetic bill that has been revised as Federal legislation has been amended or enacted by the Congress; model State bills dealing with all-terrain vehicles; poison prevention packaging; a uniform State hazardous substances bill; a food salvage code; a water vending machine code; a retail food store sanitation code; and a model veterinary State code.

These AFDO initiatives have been instrumental in modernizing and strengthening consumer protection laws and regulations in many of the States. The tripartite membership of this national organization of Federal, State/local, and industry officials is uniquely suited to the above purposes. On a number of occasions State representatives of AFDO have appeared before both State and Congressional committees to present testimony and/or position statements regarding the need for national uniformity in consumer protection regulatory requirements and administrative policies. The AFDO objectives are aimed at helping ensure that the Nation's consumers are provided the greatest measure of protection possible through an optimum use of available fiscal, equipment, personnel, and training resources available at all levels of government.

### Planned Activities

AFDO remains on the cutting edge of emerging State and national issues involving foods, drugs, cosmetics, veterinary and human drugs, product safety, medical devices and related consumer protection fields, through the initiatives and work of its several active committees. AFDO is interested in fulfilling its appropriate role(s) in the Healthy People 2000 initiative, as these national objectives are further defined for action. AFDO will act affirmatively in becoming involved in these activities, commensurate with its own organizational resources and objectives.

AFDO publishes a professional journal, *The AFDO Journal*, which has international subscribers and carries scientific and administrative information on a broad range of subjects. In addition, a periodic newsletter, *News and Views*, is circulated to AFDO membership to keep them apprised of State regulatory actions, legislative initiatives, and other information of current interest to Federal, State/local, and industry personnel.

## Association of Maternal and Child Health Programs

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**Type of organization:** membership (institutions) organization.

**Year established:** 1944

**Number of current members:** 252

**Mission:** to provide State and national leadership to ensure the health of all mothers, children, and families.

### Activities Supporting Healthy People 2000

The Association of Maternal and Child Health Programs (AMCHP) represents all State and Territorial maternal and child health programs (Title V) in State health agencies. Each State may have up to four individual members; the remainder are Associate Members. The AMCHP is a national nonprofit organization that brings together State Title V public health programs addressing the needs of women in their reproductive years, children, and their families.

The AMCHP has and will continue to educate members regarding Healthy People 2000 through *AMCHP Updates*, presentations conducted as part of the Association's Annual Meetings, etc. The AMCHP has been a member of the Healthy People 2000 Consortium since its inception and will continue its active participation to strengthen linkages between State and national efforts.

In February of 1991, the AMCHP published *Meeting the Challenge: A Report on the First State Program Applications for Title V as Amended by OBRA 1989*. This publication included analysis of incorporation of program activities and plans related to the *Healthy People 2000* objectives in State Title V fiscal year 1991 MCHS Block Grant Applications, as mandated in Federal Title V legislation. AMCHP is preparing a report on State Title V programs implementing effective infant mortality reduction initiatives (objective 14.1). Publication is anticipated in September 1991.

In September 1991, AMCHP published a report entitled *Making a Difference, A Report on Title V Maternal and Child Health Services Programs' Role in Reducing Infant Mortality* (objective 14.1). In addition, AMCHP members and staff provided planning consultation, materials development, and professional presentations at a Federal Maternal and Child Health (MCH) Bureau-sponsored conference on developing service systems for children with special health-care needs as required by Public Law 101-239 (objective 17.20)

Through participation on the U.S. Health Care Financing Administration's Medicaid MCH Technical Assistance Group (TAG), the AMCHP participates in policy development and communication strategies supporting State public maternal and child health program participation as providers of appropriate high quality early periodic screening, diagnosis, and treatment services to children and adolescents (objective 17.15)

The Association was a member of the Planning Committee and a Co-sponsor of the 1991 Child Health Day Initiative. This year's theme for national and community-based public awareness events is "Looking Out: Understanding and Preventing Childhood Injuries" (objectives 9.1 - 9.22).

AMCHP participated in the Association of State and Territorial Health Officials/Inreach Conference on smoking cessation, providing a plenary presentation on the roles of State MCH programs in reducing tobacco use (objectives 3.1 through 3.16 and 14.10).

### **Activities for Special Populations**

In March 1991, the AMCHP co-sponsored with the American Association of University Affiliated Programs, The Arc, the Epilepsy Foundation of America, and the United Cerebral Palsy Associations a two day conference entitled "Health Care for Youth and Adults with Developmental Disabilities: Policies and Partnerships." This conference was part of ongoing activities undertaken by this consortium of organizations (supported by the U.S. Office of Disease Prevention and Health Promotion) to promote health, prevent disabilities and disease, enhance physical and mental function, and improve the quality of life of people with developmental disabilities.

### **Planned Activities**

Through its Committee on Early Childhood Health and Development and activities supported by a cooperative agreement with the MCH Bureau, the Association plans to prepare and disseminate a report on State Title V roles and activities promoting and providing universal age-appropriate childhood immunizations (objectives 20.1, 20.11, 20.14).

The Association will continue its participation in interorganizational activities as described above to provide information and program development support to State MCH programs on all relevant *Healthy People 2000* objectives.

## **Association of Rehabilitation Nurses**

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**Type of organization:** professional membership association.

**Year established:** 1974

**Mission:** to promote and advance professional nursing practice through education, advocacy, and research to enhance the quality of life for those affected by disability.

### **Activities Supporting Healthy People 2000**

The Association of Rehabilitation Nurses (ARN) sent three representatives to the Healthy People 2000 conference, and periodically publishes information about *Healthy People 2000* and our support for it. ARN also includes information on health promotion in our annual educational conferences, monitors information, and supports initiatives on injury prevention.

### **Activities for Special Populations**

In addition to the above activities, ARN supports "Nursing's Agenda for Health Care Reform", a plan to restructure the health-care delivery system. The agenda stresses providing appropriate health-care services to all populations.

### **Planned Activities**

We plan to continue the above mentioned activities.

## Association of Schools of Allied Health Professions

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**Type of organization:** health professional education association.

**Year established:** 1967

**Number of current members:** 100  
educational institutions

**Mission:** to contribute to the improvement of health care by enhancing the effectiveness of education for the allied health professions.

### Activities Supporting Healthy People 2000

The Association of Schools of Allied Health Professions (formerly the American Society of Allied Health Professions) aims to strengthen allied health schools, academic units, and programs throughout the United States. The wide range of health professions students trained in these institutions comes into direct contact with patients, thus placing them in an ideal position to provide health promotion/disease prevention services. For example, respiratory therapists can influence patients who smoke, dietitians can have an impact on patients who are overweight, and physical therapists can assist patients in activities involving exercise.

The Association of Schools of Allied Health Professions (ASAHP) conducts meetings, holds workshops, and disseminates information as a means of strengthening faculty development and assisting schools in staying abreast of recommended changes in the curriculum (for example, in the areas of geriatrics and AIDS). ASAHP's Interest Section on Health Promotion/Disease Prevention has responsibility for initiating and designing such activities. Current plans call for working more closely with school-age children in sites where future ASAHP Annual Conferences will be held. Youngsters will be invited to compete in a variety of ways (for example, posters, skits, poems, etc.) to express their interest in health. Winners will be chosen and appropriate awards bestowed.

ASAHP also has worked to develop a data system for tracking allied health practitioners' supply and requirements. An adequate supply of these professionals is essential to meet America's health-care needs, including prevention and promotion-oriented activities.

## Association of Schools of Public Health

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**Type of organization:** health professional education association.

**Year established:** 1959

**Number of current members:** 24

**Mission:** to improve the public's health by advancing graduate and professional education, research, and service in public health education.

### Activities Supporting Healthy People 2000

The whole theme of health promotion and disease prevention is congruent with the mission of the Association of Schools of Public Health (ASPH). In a society whose health sector is dominated by services organized to meet the needs of individual patients with illness or injury, we are committed to education, research, and service in health promotion and disease prevention, especially at the level of communities and populations. We employ and teach a wide array of educational, behavioral, environmental, and (to a limited extent) clinical services.

The Schools of Public Health participated in the development of the goals and objectives of *Healthy People* in 1979 and now for the year 2000. We share with our colleagues in medical schools and preventive medicine and public health practice a commitment to make progress broadly and to measure our progress objectively.

Our special role is in educating the current and future work forces for health promotion and disease prevention, combining training in what is already well known with research and demonstration to build new knowledge and new ways of achieving the objectives.

The Schools of Public Health continue to emphasize that implementation of Healthy People 2000 requires organized efforts to redress the many shortage fields in public health highlighted in the U.S. Public Health Service reports on health personnel. Official shortage fields include environmental health personnel, biostatisticians, public health physicians, and epidemiologists. The country needs to invest in training and teaching, as well as exhortation and coalition building.

The Schools of Public Health use appropriate quantitative measures and devise and validate new measures of health status and improvements in health status and quality of life. Further, the Schools of Public Health are committed to using such major resources as *Healthy People 2000*, *Healthy Communities 2000 Model Standards*, *APEX/PH*, and the *Annual Review of Public Health* to build bonds with colleagues in public health practice and linkages with larger community-level health promotion/disease prevention efforts. Several Schools of Public Health (and now one Preventive Medicine Program) have competed successfully for U.S. Centers for Disease Control support to launch Centers for Research and Demonstration in Health Promotion and Disease Prevention.

### Activities for Special Populations

The Schools of Public Health are stepping up their recruitment of minority students and their focus on overcoming the disparities in health status of blacks, Hispanics, and Native Americans, compared with whites.



Several Schools of Public Health, under a Congressional mandate to the Health Care Financing Administration, are carrying out a landmark set of demonstrations of the efficacy and cost-effectiveness of financing preventive services for the Medicare-eligible older people.

## Association of State and Territorial Dental Directors

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**Type of organization:** health professional association. The Association of State and Territorial Dental Directors (ASTDD) represents the dental directors of the public health agencies in the 50 States, the District of Columbia, and the U.S. Territories and Possessions.

**Year established:** 1948

**Number of current members:** 57

**Mission:** to consider public/private agencies' dental health policies and recommendations that may affect the administration of dental health programs of the Department of Health (or equivalent public health agency) of any State, Territory, or possession of the United States; and to adopt policies of the Association for the guidance of its members.

### Activities Supporting Healthy People 2000

Virtually the entire focus of ASTDD's 1991 annual meeting and the National Oral Health Conference was on achievement of the *Healthy People 2000* Oral Health objectives. Conference attendees broke up into work groups for each of the ten Federal regions. Each work group targeted at least one of the year 2000 Oral Health objectives on which its members would work over the coming year. Each group formulated a series of actions and personal commitments to move towards achievement of the selected objective(s).

All of ASTDD's members have received copies of the Oral Health objectives in *Healthy People 2000* and we continue to keep our membership informed through a quarterly newsletter and periodic supplements. In addition, virtually every State health agency with a State dental director is engaged in one or more programmatic activities that support achievement of the goals and objectives of *Healthy People 2000*. ASTDD has and will continue to attempt to ensure that any legislation that is enacted to support the goals and objectives of *Healthy People 2000* specifically includes oral health as a component.

### Activities for Special Populations

Many programs offered by ASTDD members are targeted to special populations, e.g., fluoride mouth-rinsing programs targeted to children on free/reduced price school lunch programs; geriatric oral health promotion programs offered to nursing home residents; and dental clinics serving low-income populations.

### Planned Activities

ASTDD recently received a grant from the Maternal and Child Health Bureau of the U.S. Health Resources and Services Administration to develop a model oral health needs assessment that State maternal and child health programs can use. This oral health needs assessment will be used to

support the Statewide health needs assessments that are required to be conducted in order to receive Federal Maternal and Child Health Services Block Grant funding.

ASTDD's annual meetings will continue to emphasize legislation, advocacy, and programs supportive of the Oral Health objectives of *Healthy People 2000*.

ASTDD is working closely with the U.S. Centers for Disease Control, Dental Disease Prevention Activity, which recently invited applications from States interested in obtaining limited technical assistance in data collection to support the Oral Health objectives of *Healthy People 2000*.

## Association of State and Territorial Health Officials

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**Type of organization:** health professional association. The Association of State and Territorial Health Officials (ASTHO) represents the directors of public health in each of the 50 States, the District of Columbia, and the U.S. Territories and Possessions.

**Year established:** 1942

**Number of current members:** 57

**Mission:** to formulate and influence, through collective action, the establishment of sound national public health policy and to assist and serve State health departments in the development and implementation of State programs and policies for the public's health and the prevention of disease.

### Activities Supporting Healthy People 2000

During the 101st Congress, ASTHO worked with Congressional members and public health organizations to secure passage of the Health Objectives 2000 Act, which would have provided resources to State health departments to implement programs to achieve the *Healthy People 2000* objectives. While we were unsuccessful in achieving passage of the bill as originally drafted, legislation that would provide resources to the States to begin to plan for these programs was passed. ASTHO continues to work with Congress to secure resources to implement State public health programs targeted toward the objectives.

ASTHO is an active participant in the Healthy People 2000 Consortium and periodically informs its members of the *Healthy People 2000* objectives program and successful programs throughout the States through its newsletter.

The *Healthy People 2000* objectives have, and continue to be, incorporated into discussions at ASTHO Annual Meetings. These discussions provide us with the opportunity to educate our members and others attending the meetings. This information is then used at the State level to initiate efforts to achieve the objectives. While ASTHO has not initiated any campaign at the State or local level to achieve the objectives, this is being done by our individual members.

### Planned Activities

ASTHO will continue to monitor progress toward achievement of the objectives. This will be done through Annual Meeting sessions, newsletters, and special projects as warranted.

# Association of State and Territorial Public Health Laboratory Directors

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**Type of organization:** health professional association and educational organization representing Public Health Laboratory Directors in each of the 54 States and Territories.

**Year established:** 1951

**Number of current members:** 54

**Mission:** to improve and promote the contributions of public health laboratories in support of the public health objectives of disease prevention and health promotion; and, to promote policies, programs, and practices that contribute to improvements in the quality of health and environmental laboratory services in both the public and private sectors.

## Activities Supporting Healthy People 2000

Most of the 22 priority areas contained in *Healthy People 2000* have an identifiable laboratory component. Because of this, the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) has joined the U.S. Centers for Disease Control (CDC) in developing the Laboratory Initiatives for the Year 2000 project. We call it LIFT.

LIFT is aimed at defining and ultimately working to resolve aspects of each national health objective that depend on laboratory generated information. LIFT supports high quality laboratory practice as one component of improving public health and supports assessment as a basic requirement of measuring progress in achieving those objectives. Toward this end, LIFT has engaged State, Federal, local, professional associations, academia, and other public and private sector representatives to develop the LIFT process.

ASTPHLD and CDC have spent 18 months developing the *LIFT 2000 Institute Report*. This report was the basis for discussion during a national institute held December 1991 in Orlando, Florida. Invited leaders committed to laboratory practice discussed, debated, and developed consensus on laboratory aspects related to each national health objective. Laboratory aspects of human resources, fiscal resources, training needs, quality assurance, and policy/ethics/legislation and regulation were discussed. The LIFT 2000 document is available upon request.

Since the LIFT 2000 document focuses principally on defining the key laboratory issues, the second phase of LIFT will be to develop and implement a process of assessment. Using the LIFT 2000 document as the basis, this process will enable public- and private-sector laboratorians to assess their role in supporting each objective.

## Activities for Special Populations

Aimed at controlling disease in children, ASTPHLD will conduct annually a Neonatal Screening Symposium. The next symposium is scheduled for April 1992. Testing of neonates for genetic diseases is the first step in preventing developmental disorders. The symposium will attract hundreds from around the United States and the world who will discuss laboratory protocols for testing and reporting. Improved life quality and longevity, as well as decreased health-care costs, are measurable outcomes of effective neonatal screening programs.

Improving the quality of laboratory services throughout the country, including rural populations, the National Laboratory Training Network (NLTN) is a new laboratory training delivery system developed through a cooperative agreement between ASTPHLD and CDC. Particular emphasis has been devoted to improving the laboratory diagnosis of HIV infection, high quality laboratory testing in rural hospitals and physician offices, detection of cervical cancers in women, laboratory safety, and others. NLTN supports cooperative training ventures between public and private organizations as a means of reducing training costs. Domestic preparedness measures for responding rapidly to emerging health problems are another part of NLTN's new strategic plan. The growing number of cholera and tuberculosis cases are examples of public health events to which NLTN will respond.

ASTPHLD's annual National Conference on Human Retrovirus Testing results in regular review and updating of laboratory protocols for diagnosing HIV infection. New technologies have been developed for confirming HIV infection in newborns for which treatment protocols exist. Emerging treatments for infected individuals rely heavily on precise, accurate laboratory data. High-risk populations, health-care workers, blood and organ transplant recipients, women of child-bearing age, and military recruits are some groups with keen interests in ensuring reliable laboratory results.

Further, ASTPHLD maintains a dozen special interest committees and ad hoc committees that are vigilant in addressing any emerging health and environmental issues that affect the laboratory and developing effective, dynamic and timely strategic plans of action. Since many of the ASTPHLD membership also maintain concurrent memberships in related colleague organizations, ASTPHLD operates from a broad-based foundation of support and expertise providing myriad points of view.

## **Planned Activities**

As a project demonstrating how laboratories can become involved in achieving national health objectives, ASTPHLD organized the first National Conference on Laboratory Issues in Childhood Lead Poisoning Prevention. Aimed at Environmental Health objective 11.4 (to reduce the prevalence of childhood lead poisoning) the conference attracted more than 200 scientists and policy makers. The resulting proceedings (with recommendations) will be used to influence the public and private-sector to expand resources necessary for blood lead testing throughout the U.S.

# Association of State and Territorial Public Health Social Work

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**Type of organization:** health professional association. The Association of State and Territorial Public Health Social Work (ASTPHSW) represents the State level Directors involved in public health social work as regular members, as well as professionals concerned with public health social work as associate members in each of the 50 States, the District of Columbia, and the U.S. Territories and Possessions.

**Year established:** 1984

**Number of current members:** approximately 60

**Mission:** to develop and maintain a broad-based membership comprised of people from throughout the United States and Territories in public health social work; to support a forum where individuals can exchange ideas, share information and discuss mutual concerns and objectives in public health social work; to promote social work issues affecting clientele; to advocate for public policy that improves public health social work; and to promote the purpose of ASTPHSW through a strong administrative structure and enhanced visibility. ASTPHSW is dedicated to optimal social functioning of individuals and families through education, communication, and advocacy.

## Activities Supporting Healthy People 2000

ASTPHSW activities supporting *Healthy People 2000* include: attendance at all Healthy People 2000 official meetings sponsored by the U.S. Department of Health and Human Services; publicizing *Healthy People 2000* in the ASTPHSW quarterly newsletter; responding to requests for information from ASTPHSW members about *Healthy People 2000*; offering technical assistance for public health social work implementation of *Healthy People 2000* objectives; and establishing an official liaison within the organization to the Healthy People 2000 Consortium.

## Activities for Special Populations

The organization is supporting improvements in the health and well-being of special populations on a State level, as well as nationally. Public health social work has traditionally been involved with programs, services, and policy related to minority groups, low income groups, and high-risk populations.

## Planned Activities

ASTPHSW plans to: encourage support of *Healthy People 2000* through all the organizational events by way of presentations, information in newsletters, and special mailings and projects as needed; promote *Healthy People 2000* by establishing it as an agenda item for the Coalition of Social Work Organizations; encourage the use of *Healthy People 2000* at all levels—the

individual, family, community, and state; and establish a public and professional educational agenda for public health social work implementation for *Healthy People 2000*.



# Association of Teachers of Preventive Medicine

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**Type of organization:** health professional education association.

**Year established:** 1942

**Number of current members:** 600

**Mission:** to advance the academic base for prevention through development of knowledge and skills in the fields of preventive medicine, interchange of experience and ideas, sponsorship of scientific meetings and educational programs, publication of teaching materials and scientific and informational periodicals, advancement of public policies relating to prevention, and networking of the membership.

## Activities Supporting Healthy People 2000

### General Healthy People 2000 Goals

The Association of Teachers of Preventive Medicine (ATPM) is continuing to educate its members about Healthy People 2000 and encourage concentration on the objectives in developing medical school curriculum, programs, and projects. ATPM co-sponsors the annual PREVENTION conference, provides an annual update on the Healthy People 2000 campaign, and offers approximately 30 CME units for educational experiences that address many *Healthy People 2000* objectives.

### Clinical Preventive Services

ATPM developed recommendations, with input from multiple primary care disciplines, for incorporation of the *Guide to Clinical Preventive Services* into undergraduate and graduate primary care medical education (objective 21.6). The Association is conducting workshops for teams of medical school faculty and State and local health departments staff to develop collaborative continuing education programs in clinical preventive services and other public health skills (objective 21.7).

ATPM has developed and distributed an *Inventory of Knowledge and Skills Related to Disease Prevention and Health Promotion* that suggests content areas for inclusion in comprehensive undergraduate medical education. We are developing comprehensive information about continuing education and public health degree programs available to the public health workforce through medical school graduate programs.

ATPM supports Preventive Medicine Residency Programs by providing stipends and working for increased Federal funding. We provide Preventive Medicine physician mentors for undergraduate medical students as role models for career choices. In addition, we continue to offer, in conjunction with ACPM, continuing medical education on clinical preventive services at the annual PREVENTION conference for approximately 750 attendees.

### Immunization and Infectious Diseases

ATPM is implementing a multi-year project to evaluate the status of immunization practice in medical school and primary care residency training and develop recommendations and educational materials (objective 20.14 and Personnel Needs).

## **HIV/Sexually Transmitted Diseases**

The Association is contracting research on an experimental modality for conducting interviews to identify young adults at high risk for HIV infection and sexually transmitted diseases through use of personal headphone cassette players.

## **Activities for Special Populations**

ATPM participates in a Joint Task Force on Prevention and Special Populations with the American College of Preventive Medicine (ACPM) and the American Association of Medical Colleges (AAMC), that explores avenues for increasing minority enrollment in preventive medicine and public health training (objective 21.8).

## **Planned Activities**

In addition to continuing current activities, the following projects are examples of activities that will be conducted, pending funding, by ATPM or subcontracted to member institutions.

- Development of Hepatitis B training materials for primary care physicians (objectives 20.3, 20.14, and Immunization Personnel Needs);
- Support for student internships in State and local health departments (objective 21.7);
- Visiting minority professors program (objective 21.8);
- Development of a public health leadership certificate program (objective 21.7);
- A comprehensive and longitudinal evaluation of cholesterol-related questions of the Behavioral Risk Factor Surveillance System (Nutrition Surveillance Needs);
- Implementing and evaluating a model curriculum in preventive medicine and health promotion (Clinical Preventive Services Personnel Needs);
- Publication of *Psychosocial Determinants of Delayed Prenatal Care: A Comparative Assessment of Beliefs* (14.11 and Maternal and Infant Health Research Needs);
- Postdoctoral training program in maternal and child health and randomized trial of nurse visitation lead abatement (objective 11.11); and
- Placement of medical students in local health departments with public health physician role models and U.S. Centers for Disease Control (CDC) field staff (objective 21.7 and Clinical Preventive Services Personnel Needs).

# Association of Technical Personnel in Ophthalmology

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**Type of organization:** health professional association. Membership is comprised of individuals who work with ophthalmologists. The Association of Technical Personnel in Ophthalmology (ATPO) represents ophthalmic technical personnel including but not limited to, certified ophthalmic assistants, technicians, and technologists, surgical technicians, photographers, orthoptists, and nurses. This is a national organization that interacts with Regional Ophthalmic Medical Personnel groups.

**Year established:** 1972

**Number of current members:** 900

**Mission:** ATPO is an organization of high standards and professional ethics dedicated to high quality ophthalmic medical care. The organization has several goals: to represent the field of ophthalmic medical personnel; to provide continuing education for ophthalmic medical personnel; and to disseminate information to ophthalmic medical personnel regarding certification and topics of interest and to provide communication nationwide.

## Activities Supporting Healthy People 2000

The members of the ATPO are dedicated to providing eye patients and the public with information and education on how to preserve vision and prevent eye disease. Through our association's newsletter, *Viewpoints*, members share ways to disseminate information to their patients and the general public so that awareness in preserving sight is increased.

Annual, regional, and local conferences provide all ophthalmic medical personnel with a method to learn about the *Healthy People 2000* objectives. The members are involved in curriculum planning for continuing education seminars and formal training programs in the areas of health promotion and disease prevention.

Information regarding the eye-related *Healthy People 2000* objectives is published in related professional journals. In 1990, an entire issue of the *Journal of Ophthalmic Nursing and Technology* was dedicated to articles highlighting health promotion and disease prevention in ophthalmology.

## Planned Activities

ATPO members participate in vision screening sessions to identify eye problems that can lead to blindness. Screening clinics for children identify potential visual limiting conditions such as amblyopia and strabismus. Glaucoma and diabetic retinopathy are the priorities when screening adults.

During their clinical duties, ATPO members are alert to identify patients with visually limiting problems from cataracts and retinal diseases. Many patients with these conditions have increased trouble driving in glare-inducing situations. ATPO members can provide functional guidelines for patients to follow, so that temporary visual deterioration from glare can be diminished or eliminated.

Members will continue to provide their communities with facts and materials that will improve compliance with vision saving activities. It is hoped that through reinforcement and support, future visual impairment can be diminished from potentially chronic conditions such as glaucoma and diabetic retinopathy, or eliminated from cases of amblyopia and strabismus.

## Camp Fire, Inc.

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**Type of organization:** national youth development organization.

**Year established:** 1910

**Number of current members:** 600,000

**Mission:** to provide, through a program of informal education, opportunities for youth to realize their potential and function as caring, self-directed individuals, responsible to themselves and to others; and, as an organization, to seek to improve those conditions in society that affect youth ("The Camp Fire Purpose").

### Activities Supporting Healthy People 2000

Building the self-reliance skills young people need in today's world is one of the primary goals of all Camp Fire programs. Camp Fire reaches youth in four major ways: clubs, camping, self-reliance, and child care. Health and safety programs and activities are incorporated into each of these delivery systems. Described below are some of the Camp Fire activities that support *Healthy People 2000*.

#### **Tobacco (objective 3.5) and Alcohol and Other Drugs (objectives 4.5 and 4.6)**

**What Would I Do? Video** - To help children gain a better understanding of what negative peer pressure is and how to handle peer pressure.

**Count on Me Kids** - A self-esteem/drug prevention program to help the young child develop a strong, positive self-image and positive character traits through emphasis on the importance of healthy lifestyles and encouraging children to do their best.

**Strive for Excellence Youth Award** - Youth and leaders complete specific award requirements reinforcing commitment to live a drug-free and healthy life.

**I'm Peer-Proof** - Children in fourth through sixth grades learn positive friendship skills, how to act more assertively, and how to resist negative peer pressure.

Camp Fire has established policies regarding tobacco and alcohol. For example, all Camp Fire offices, meeting places, and functions are tobacco-free. Decisions that have a policy-making and/or educational component, and are made at agency business meetings affect the organization and, therefore, should not be influenced by the presence of alcohol. Also, alcohol shall not be offered or consumed in conjunction with the conduct of direct service youth activities or duly called business meetings of Camp Fire at all levels. Camp Fire shall continue working toward the prevention of the misuse and abuse of alcohol through education and positive role modeling.

#### **Mental Health and Mental Disorders (objectives 6.1, 6.2, and 7.2)**

Teen suicide awareness was selected by Camp Fire youth to be their first national teen community campaign from 1988-1992. Teens addressed the issue by holding conferences, conducting workshops, and establishing hotlines.

**Violent and Abusive Behavior and Unintentional Injuries (objectives 7.4, 9.1, 9.8, 9.12 and 9.13)**

I'm Safe and Sure and I Can Do It - These self-reliance courses help children avoid being victims of crimes and other potentially dangerous situations. The courses also include home and personal safety information for young children.

**Educational and Community-Based Programs (objective 8.9)**

Youth participating in Camp Fire programs are encouraged to share what they have learned with their families. Letters are sent home to parents during the self-reliance programs with activity suggestions and ideas for parents and children to work on together.

**Activities for Special Populations**

Camp Fire is supporting improvements in the health and well-being of special populations through local Camp Fire councils that have developed programs for teen parents, juvenile offenders, children with physical and mental disabilities, inner-city youth, and homeless youth. Thousands of youth have benefitted from these council programs.

Camp Fire, Inc. developed a manual in 1990 entitled *Programming for High-Risk Youth* and is in the process of developing a manual entitled *Programming for Persons with Disabilities*. Both manuals include information on planning and implementing programs to effectively meet the needs of high-risk youth and people with disabilities.

**Planned Activities**

In 1992, more than 800 young men and women will attend Camp Fire's National Youth Leadership Conference at the University of California-Los Angeles to select an issue that affects teens and their communities, and for which the teens will plan and implement a national campaign to increase awareness of the topic. The conference will also address techniques for empowering teens to take action on issues such as alcohol and drugs, AIDS, date rape, teen pregnancy, and environmental issues.

As new programs are developed and existing programs are revised, Camp Fire will continue to monitor trends and health issues facing youth.

## Center for Corporate Public Involvement

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**Type of organization:** voluntary organization.

**Year established:** 1971

**Mission:** to help more than 700 member companies become more active and effective in corporate public involvement. Current industry priorities include: AIDS, education, older adults, people who are difficult to employ, health promotion, housing and hunger, and the homeless. The Center for Corporate Public Involvement (CCPI) is sponsored by the American Council of Life Insurance and the Health Insurance Association of America.

### Activities Supporting Healthy People 2000

The industry's Advisory Council on Health Promotion meets regularly to advise the life and health insurance business on priorities and provide assistance on significant initiatives in health education and wellness. Programs include an industry-wide effort to aid and encourage life and health insurance companies to establish smoking cessation and prevention programs for their employees, and several efforts to promote education and prevention activities related to the AIDS epidemic.

### Planned Activities/Activities for Special Populations

Health promotion for America's low-income and minority populations has been established as a new corporate public involvement priority for the health and life insurance business. Survey results show that many companies have already taken some actions to address this issue. The Center is currently formulating a new program to encourage and guide company involvement in activities to improve the health of this segment of America's population.

## Children's National Medical Center/National SAFE KIDS Campaign

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**Type of organization:** voluntary health organization, specializing in education, public policy, and coalition-building.

**Year established:** 1988

**Number of current members:** 107 State and Local SAFE KIDS Coalitions in 40 States and the District of Columbia.

**Mission:** to prevent injury—the number one killer of kids.

### Activities Supporting Healthy People 2000

Injuries are the leading threat to the well-being of American children, killing more than 8,000 each year, and permanently disabling an additional 50,000 children. The National SAFE KIDS Campaign, the first nationwide movement to reduce injuries to children, relies upon its expanding network of more than 100 Coalitions in 40 States and the District of Columbia to implement its multifaceted injury prevention strategies. Former Surgeon General C. Everett Koop is Chairman and Mrs. George Bush is Honorary Chairman of the Campaign. Efforts are concentrated in reducing injuries in several unintentional injury risk areas for children: traffic injuries (passenger, pedestrian, bicyclist); fires and burns; drowning; choking; poisoning; and falls. These efforts lend support to several *Healthy People 2000* objectives, particularly 9.1 and 9.2.

Lead organizations include hospitals and medical centers, State and local health departments, local chapters of national associations, and fire departments. These organizations sign a formal agreement to build and sustain well-structured, broad-based, self-sufficient Coalitions that implement creative, concrete action plans to reduce the incidence of injury among children under age 14.

The National SAFE KIDS Campaign develops comprehensive, multifaceted community-based strategies to reduce the incidence of unintentional childhood injuries. Each strategy is intended to give Coalitions the necessary tools to forge progress in the “Es” of injury control: engineering; enactment/enforcement; education; and evaluation. After the initial development and launch of a strategy, new components are added to sustain, support, and supplement it.

The Bike Helmet and Bike Safety Awareness Strategy emphasizes:

- Raising parent, care giver, and child awareness of how bicycle-related injuries occur and that bicycle helmets are an extremely effective way to reduce these injuries;
- Aiding clinicians in counselling patients about the use of bicycle helmets through a health professionals outreach kit;
- Petitioning the U.S. Consumer Product Safety Commission to establish a mandatory standard for the manufacturers of bicycle helmets to replace the two existing voluntary standards established by the Snell Memorial Foundation and the American National Standards Institute (ANSI);



- Encouraging bike helmet manufacturers to reduce the cost of bike helmets through community-based discount programs;
- Working with many Local and State SAFE KIDS Coalitions to promote passage of mandatory helmet laws; and
- Promoting process, impact, and outcome evaluations of the Strategy. Several SAFE KIDS Coalitions have provided the national office with pre- and post-intervention data on helmet use, helmet sales, and the incidence of bicycle injuries.

The Bike Helmet and Bike Safety Awareness Strategy supports *Healthy People 2000* objectives 9.1, 9.2, 9.9, 9.10, 9.11, 9.13, 9.18, 9.19, and 9.21.

The Scald Burn Prevention Strategy emphasizes:

- Educating parents and care givers about how to prevent scald burns to children;
- Encouraging Coalitions to retrofit anti-scald devices (a new technology) in the bathtub and shower fixtures in the homes of low-income families with young children;
- Working with manufacturers of plumbing devices to produce lower cost anti-scald devices;
- Advocating amendments to plumbing codes and reducing hot water temperatures, particularly in multi-family dwellings; and
- Evaluating the anti-scald device retrofit project and scald burn prevention educational presentations to low-income parents and care givers.

The Scald Burn Prevention Strategy supports *Healthy People 2000* objectives 9.1, 9.2, and 9.21.

Project GET ALARMED: A Residential Fire Detection Strategy emphasizes:

- Educating parents, care givers, and children about the importance of having working and properly maintained smoke detectors for the early detection of residential fires in addition to practiced home escape plans;
- Installing smoke detectors in the homes of low-income families with young children by Coalition volunteers and fire department staff;
- Maintaining smoke detectors in good working order through Coalition distribution of manufacturer-donated batteries to low-income families;
- Working towards passage or strengthening of community and State smoke detector ordinances by Coalitions;
- Pursuing Federal smoke detector legislation with the Congressional Fire Caucus and the U.S. Fire Administration; and
- Evaluating the effectiveness of educational presentations and smoke detector maintenance reminders.

Project GET ALARMED supports *Healthy People 2000* objectives 9.1, 9.2, 9.6, 9.16, 9.17, and 9.18.

SAFE KIDS BUCKLE UP: A Child Occupant Protection Strategy emphasizes:

- Educating economically disadvantaged parents and care givers about the importance of correct use of child safety seats and safety belts;
- Improving access of economically disadvantaged families to child safety seats through discount and loan programs;
- Strengthening existing State child occupant protection laws and improving their enforcement; and
- Raising public awareness through the media about: the importance of correct use of child safety seats and safety belts; the availability of seats through loan and discount programs; and increased enforcement of child occupant protection laws.

SAFE KIDS BUCKLE UP supports *Healthy People 2000* objectives 9.1, 9.2, 9.3, 9.9, 9.10, 9.11, 9.12, and 9.14.

## **Activities Supporting Special Populations**

The National SAFE KIDS Campaign aims to prevent unintentional injury among children aged 0-14. Each year, more than 8,000 children aged 14 and under are killed and 50,000 are permanently disabled.

In America, minority and low-income children are at greatest risk for unintentional injuries. The multifaceted strategies developed and implemented by the Campaign target the populations at greatest risk for a specific type of injury. For example, both Project GET ALARMED: A Residential Fire Detection Strategy and the Scald Burn Prevention Strategy target low-income populations since there is an inverse relationship between income and the incidence of burn injuries. SAFE KIDS BUCKLE UP: A Child Occupant Protection Strategy was developed specifically to reach low-income families, since evidence suggests that individuals with lower-than-average income may be more likely than others to be involved in serious motor vehicle crashes.

## **Planned Activities**

The National SAFE KIDS Campaign is organizing SAFE KIDS 2000, a major childhood injury prevention conference to develop long-term national, State, and local strategies and action plans to fight this number one killer and disabler of children in America. The conference will be held at the Stouffer Mayflower Hotel in Washington, DC, May 17-20, 1992. Plenary session and workshop speakers will be asked to include information on the *Healthy People 2000* objectives in their presentations.

In addition to participating in the Healthy People 2000 Consortium, National SAFE KIDS Campaign staff serves on the U.S. Centers for Disease Control-coordinated Work Group on unintentional injury. Further, information on the availability of *Healthy People 2000* has been highlighted in recent Campaign publications.

# College of American Pathologists

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**Type of organization:** medical professional association.

**Year established:** 1947

**Number of current members:** 12,000

**Mission:** to foster the highest standards in education, research, and the practice of pathology; to advance the science of pathology and to improve medical laboratory service to patients, physicians, hospitals, and the public through study, education, and improvement of the economic aspects of the practice of pathology; and to enhance the dignity, scientific competence, and efficient practice of the specialty of pathology for the service of the common good.

## Activities Supporting Healthy People 2000

An ongoing goal of the College of American Pathologists (CAP) is to provide the public, in a variety of easily accessible formats, information essential to good health and the prevention of disease. The following are current and past programs and activities of CAP that support the belief that it is the pathologist's responsibility to help inform and educate the public about disease causes, cures, and methods of prevention.

### Public Service Documentaries and Brochures

Each year CAP, in cooperation with a PBS television station, produces a 30-minute public service documentary to provide the public with general health information. Each documentary discusses and explores diseases that are problematic and wide spread in our society, how to prevent these diseases, and possible cures. Past documentary topics include: the pap smear, sexually transmitted diseases, prostate cancer, and the dangers of passive smoke. Each documentary is aired via satellite and can be picked up by more than 250 PBS stations across the country, including Alaska, Hawaii, and the Virgin Islands. Copies of all documentaries are made available to the public on request.

In conjunction with each documentary, CAP produces a companion public information brochure. These brochures provide additional information on the topic discussed in the documentary and are distributed to doctors' offices, hospital lobbies, health fairs, and the public through our 800 phone lines. To date, more than 20,000 information brochures have been distributed.

### Spokesperson Program/Video New Reports and Radio News Reports

CAP currently has 80 pathologist spokespersons trained in public speaking who are available to local media representatives for comment on pathology-related issues. Spokespersons present information of immediate public health interest to community groups, schools, radio and television programs, newspaper and magazine reporters, as well as to other specialty societies and organizations. CAP spokespersons average more than 400 placements each year, and also participate in the CAP's monthly video news reports (VNRs) and radio news reports (RNRs). Highlighting important medical information for the public, VNRs and RNRs are produced monthly for use by radio and television stations and have an average Nielson audience of 5,000,000. Currently, 24 VNRs and six RNRs are available for loan from CAP.

### 800 Phone Lines

The CAP 800 phone lines provide the public information regarding the accreditation of laboratories processing their medical tests and respond to requests for information on a wide

variety of health concerns including: the necessity of pap tests, sexually transmitted diseases, prostate cancer treatments, cholesterol testing, employee drug testing, and fibrocystic disease of the breast. Thousands of calls are received each year.

## **Activities for Special Populations**

### **Addressing the Problems of the Homeless**

This past year, CAP has organized a community outreach program for the purpose of enhanced staff involvement in the local community. Focusing on the problem of homelessness, the community outreach program is addressing ways to reduce this problem, while working to make life on the streets easier for those who must endure its hardships. CAP has held a Care Kit Drive, collecting more than 1,100 toiletry items for distribution to two area homeless shelters. Items donated ranged from soap and shampoo, to hand and body lotion, deodorant, and toothpaste. In December, the committee will sponsor another drive to collect blankets, quilts, coats, and towels that will also be donated to area shelters. The program for the homeless is one component of an ongoing program that will be implemented by this committee during the coming year.

## **Planned Activities**

### **Fifth Documentary**

CAP is currently in the process of producing its fifth public service documentary. Also produced with a PBS station, this program will explore the topic of prenatal care by presenting a call for public action to address the high infant mortality rate as a public responsibility.

### **In Pursuit of Health**

The In Pursuit of Health program of CAP is a comprehensive communications campaign directed to the health education of America's young people. The program will focus on the goals of increased awareness by young people of the causes and results of disease, and the role a healthy lifestyle plays in the prevention of disease. This program will use written material, video productions, and oral presentations to convey this message.

## Employee Assistance Professionals Association, Inc.

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**Type of organization:** health professional membership association. The Employee Assistance Professionals Association (EAPA) is the leading membership association for people practicing in the employee assistance field.

**Year established:** established in 1971 as The Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), ALMACA was renamed the Employee Assistance Professionals Association in June 1989.

**Number of current members:** approximately 7,000 members worldwide

**Mission:** to provide leadership and resources to promote and develop EAP professionals, programs, and standards.

### Activities Supporting Healthy People 2000

Employee assistance programs grew out of occupational alcoholism programs, that traditionally helped alcoholic employees achieve and sustain sobriety. EAPs today embrace the "broadbrush" concept, addressing the full range of behavioral problems. EAPs provide management and labor with the means to improve worker health through assistance to employees and their families with alcoholism, substance abuse, and other behavioral problems. Employees are identified through supervisory referral or voluntary worker participation. EAPs resolve employee concerns by consulting with the employee's supervisor and/or shop steward and, when necessary, referring workers to appropriate treatment or self-help groups.

### Activities for Special Populations

The EAPA/ALMACA Board of Directors established the committee on Women's Issues in the late 1970's. In 1987, EAPA/ALMACA published *Women, Alcohol, Drugs, & Workplace Issues: An Annotated Bibliography of Research*. This publication provided a summary of what research has found to date with regard to the role of women at work, the abuse of substances by women, and the treatment of such problems in the workplace. Today, the committee on Women's Issues continues to monitor research focusing particularly on the unique needs of women in the workplace.

In 1989, EAPA established a standing committee on its Board of Directors dedicated to ethnic and cultural concerns. In 1990, the EAPA Ethnic and Cultural Concerns Committee published *The Emerging Paradigm: EAPs and the New American Workforce* to increase awareness of new perspectives and ideas in understanding the composition of the new workforce. *Paradigm* also examines past EAP responses to relevant issues and requirements of their emerging client group.

Also in 1989, EAPA created a subcommittee dedicated to studying workplace issues revolving around work and family issues. To date, EAPA has created resources for EAPs to understand the relationship of work and family conflicts and has dedicated an entire issue of the membership

magazine *The EAP Association Exchange* to this topic. EAPA also participates in coalition groups that focus on work and family concerns.

### **Planned Activities**

Every year EAPA participates in and sponsors numerous training seminars and conferences promoting employee assistance programming as well as worksite wellness and prevention of substance abuse. In addition, EAPA will soon begin publishing *The Journal of Employee Assistance Program Research*, dedicated to research in worksite behavioral problems. EAPA has a fully staffed Resource Center that offers extensive literature about, among other things, employee assistance programs, substance abuse, health promotion, work and family issues, stress, and AIDS.

# Food Marketing Institute

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**Type of organization:** trade, representing food retailers and wholesalers.

**Year established:** 1977

**Number of current members:** 1,500  
Companies

**Mission:** to conduct programs in research, education, and public affairs on behalf of 1,500 members—food retailers and wholesalers and their customers in the United States and around the world. The Food Marketing Institute's (FMI) domestic member companies operate approximately 19,000 retail food stores with a combined annual sales volume of \$180 billion—more than half of all grocery sales in the United States. FMI's retail membership is composed of large multi-store chains, small regional firms, and independent supermarkets. Its international membership includes 250 members from 60 nations.

## Activities Supporting Healthy People 2000

As the purchasing agent for the consumer, food retailers and wholesalers are interested in the health and nutritional well-being of their customers. Activities of the Food Marketing Institute in nutrition and health include:

- Consumer Research - Consumer attitudes toward nutrition, food, and health; and
- Consumer Nutrition Information - Development of a variety of nutrition information programs and resources for supermarkets to use with customers.

Some specific examples of FMI's Consumer Nutrition Information programs and resources include:

- *Label Logic*, published in 1981, a consumer information brochure that explains how to read food labels for nutrition and ingredient information and more;
- *Sodium Sense*, a consumer brochure developed in cooperation with the U.S. Food and Drug Administration (FDA) and the National Heart, Lung, and Blood Institute (NHLBI);
- Nutri-Facts, nutrition information for the retail meat/poultry/seafood department:
  - Meat* - 1985 - With American Meat Institute and National Livestock and Meat Board;
  - Poultry* - 1987 - With National Broiler Council and National Turkey Federation; and
  - Seafood* - 1988 - With National Fisheries Institute.
- *Boning Up on Osteoporosis*, published in 1986, a consumer information brochure developed in cooperation with the U.S. National Institutes of Health (NIH);
- *Food and Drug Interactions*, published in 1987, a consumer brochure developed in cooperation with the American Pharmaceutical Association, FDA, and the National Consumers League;
- *Eating For Life...A Supermarket Guide*, published in 1989, a consumer brochure on healthy food choices to reduce risk of developing cardiovascular disease and cancer and was developed in cooperation with NHLBI and the National Cancer Institute (NCI); and
- *Nutrition and Your Health, Dietary Guidelines for Americans*, published in 1991, a consumer brochure that highlights the main topics in the full *Dietary Guidelines*

publication. This was developed in cooperation with U.S. Department of Agriculture and the U.S. Department of Health and Human Services.

We have taken an active role in nutrition labeling legislation and regulation. In addition, through liaisons with nutrition, health, and consumer organizations, we have developed cooperative programs with a variety of national nutrition and health organizations and agencies.

### **Activities for Special Populations**

FMI has several publications that specifically target special populations, including:

- *Healthy Start...Food To Grow On*, published in 1991, a healthy eating campaign for young children developed in cooperation with the American Academy of Pediatrics and the American Dietetic Association; and
- *Health is Life*, published in 1991, a series of nutrition and health education posters for African Americans developed in cooperation with the National Urban League and the FDA.

### **Planned Activities**

FMI will continue activities in areas that support the achievement of the goals and objectives of *Healthy People 2000*.



# General Federation of Women's Clubs

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**Type of organization:** volunteer service organization.

**Year established:** 1890

**Number of current members:** 350,000

**Mission:** Founded more than 100 years ago, the General Federation of Women's Clubs (GFWC) is the oldest and largest volunteer women's organization in the world with 8,500 clubs and approximately 350,000 members in the United States. The GFWC structure embraces 52 State federations, including the District of Columbia and Puerto Rico, eight regions, and 421 districts. There are also clubs in more than 40 countries worldwide. GFWC addresses major issues in the arenas of health, education, conservation, public affairs, the arts, and international affairs. Although there is considerable diversity in age, interest, and experience of GFWC members, all are united by a dedication to community improvement through volunteer service.

## Activities Supporting Healthy People 2000

### Issues

Many of the issues covered in the 22 priority areas of the *Healthy People 2000* objectives are included in GFWC programs. Relevant issues that club members are working on include: physical activity and fitness, nutrition, drug and alcohol abuse prevention, youth suicide prevention, home and community safety (including childhood injury prevention, highway safety, etc.), teen pregnancy, AIDS education, long term care, crime prevention (including special attention to child abuse), and opportunities for people with disabilities. Our programs are designed to improve the lives of individuals and affect the quality of life in communities throughout the nation.

### Structure

The structure of GFWC affords a valuable tool for program implementation that is flexible and responsive to local needs. GFWC's key role is to provide leadership for its members. Broad goals, direction, and resources are provided by GFWC Headquarters. The State Federations and local clubs enjoy autonomy in program implementation. They are encouraged to adapt programs and initiate activities that suit the particular needs of their own communities.

### Networks

GFWC networks with appropriate organizations in the private and public sectors for technical and/or financial support of programs. For example, GFWC works with the U.S. Office of Disease Prevention and Health Promotion, the Federal Bureau of Investigation, the March of Dimes, the Arthritis Foundation, the National SAFE KIDS Coalition, the National Safety Council, the National Association of Women Highway Safety Leaders, the National Crime Prevention Council, the National Clearinghouse for Drug and Alcohol Information, Women's Health Campaign, National Fitness Leaders Association, National Organization on Disability, and the National Committee for the Prevention of Child Abuse.

## Programs and Materials

An example of a major GFWC program in the health arena is "Toward a Healthy America," a program funded by a grant from The Allstate Foundation with material developed in cooperation with the National Fitness Leaders Association. The purpose of the program is to raise the level of health education and commitment to fitness among GFWC members; promote the importance of healthy lifestyles and connections between behavior and health; promote community responsibility and involvement in programs that foster good health; and promote "healthy communities" that provide exemplary health and fitness resources for residents of all ages.

Specific materials developed for the program include the following:

- *GFWC Health and Fitness Guide* - The Guide is an awareness booklet on health issues that describes the major diseases that affect women and promotes strategies for prevention. It includes activity ideas, resources for additional sources of information, and suggestions for a personal fitness program.
- *GFWC Healthy City Inventory* - The inventory helps GFWC members identify services that help promote and maintain a healthy community. Club members are encouraged to identify any gaps in services and to work cooperatively with other community groups to improve services. Much of the Inventory parallels the priority areas of *Healthy People 2000*.

This program, and other GFWC programs, are promoted through GFWC publications that include the official magazine, *GFWC Clubwoman* (quarterly), as well as individual GFWC State publications. In an article appearing in a recent issue of *Clubwoman*, Dr. J. Michael McGinnis discussed the *Healthy People 2000* goals and related this effort to the GFWC program. Dr. McGinnis also discussed this topic in his keynote address at GFWC's Forum for the Future (April 1991).

Programs are also promoted through workshops and speakers at the annual GFWC International Convention, at annual State conventions, and regional meetings. In addition to a workshop focusing on health issues at the international convention, eight GFWC regional meetings (fall 1990) featured speakers on the GFWC program, "Toward a Healthy America."

## Advocacy

GFWC is a member of many special interest coalitions and takes an advocacy role in areas that are supported by GFWC resolutions. Some of these coalitions include Healthy Mothers, Healthy Babies, the National Red Ribbon Campaign, the National Child Abuse Coalition, and the National SAFE KIDS Coalition. Club members are urged to support the work of these coalitions through education as well as local, State, and national legislative action. GFWC is also an active participant in the legislative issues of the Campaign for Women's Health and is involved in promoting Women's Health Month.

## Activities for Special Populations

All GFWC programs are planned to include projects promoting the health and well-being of special populations. Specific programs are designed to initiate and strengthen programs that enable people with disabilities to lead fuller lives in their communities. In the Healthy City Inventory, which is part of the Toward A Healthy America program, clubwomen are encouraged to look at their community programs for special needs populations, e.g., migrant and seasonal farm workers, dislocated homemakers, and veterans.

## **Planned Activities**

GFWC's active role in the health arena will continue through the promotion of club participation in all aspects of our health program, including distribution of material and information, articles in our magazine, bulletins to State chairmen, and recognition of club activity.

GFWC and the Office of Disease Prevention and Health Promotion have launched a special mailing to GFWC national and State leaders. The mailing included a packet of printed material promoting the goals and objectives of *Healthy People 2000*. Other program mailings go to all clubs nationwide, as well as special mailings targeted to specific State and regional leaders.

## **Healthy City Inventory**

Club participation in the documentation of services and implementation of needed community projects is a focus leading up to the GFWC International Convention in June 1992, when three top communities across the Nation will be recognized as model "Healthy Cities."

The future administration is already committed to strong programs promoting education and action that will support Healthy People 2000. New programs will be announced in June 1992.

## Gerontological Society of America

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**Type of organization:** professional association.

**Year established:** 1945

**Number of current members:** 7,000

**Mission:** to promote the scientific study of aging and encourage exchanges among researchers and practitioners from the various disciplines related to gerontology. The Society also fosters the use of gerontological research in forming public policy.

### Activities Supporting Healthy People 2000

The Gerontological Society of America (GSA) works to ensure that the growing number of older Americans not only live longer, but that they are healthy and have a good quality of life. A case in point is the theme for the 1992 annual meeting of the Society, "Health Challenges of an Aging Society," that will address the need for improvement in the overall quality of life for older people. It is not enough that people live longer, but that there should be commensurate improvements in functional health. To further emphasize our commitment to healthier older people, the Society hopes to do a conference separate from the annual meeting to look into the wide range of responses that this challenge poses.

Gerontological research being done by members of the Society will be of great consequence and importance for all Americans in the years to come. Many members of the Society are doing basic research into understanding the impacts of disease, environment, and social conditions on older people, and how to ensure a healthier and a more productive life for them.

Other members are looking into health promotion, diet, nutrition, and exercise to ensure that America's aging population can be as healthy as possible. Still others are looking at safety, and what can be done to prevent accidents. All the work by members of Society is focused so that the older segment of the American society can live longer, be healthier and more productive in the sunset years of their lives.

To ensure that the gerontological research, practice concepts, and analysis gets the wide dissemination that it deserves, the Society has been publishing *The Journals of Gerontology* since 1946 and *The Gerontologist* since 1961. The field's leading multidisciplinary scientific journals, *The Journals of Gerontology* contains four separate journals within one cover: *Journal of Gerontology: Biological Sciences*; *Journal of Gerontology: Medical Sciences*; *Journal of Gerontology: Psychological Sciences*; and *Journal of Gerontology: Social Sciences*.

The Society has been a leader in the development of gerontological agendas, curricula, and training programs. It was a leader in efforts to establish the National Institute of Aging (NIA) and has been a key supporter of NIA, the aging center at the National Institute of Mental Health, and the Administration on Aging. It was instrumental in establishing the White House Conferences on Aging where one of the key concerns is health of the old. More recently, it also has led the effort to maintain and improve Federal programs (including those concerned with health) that collect data on older people.

The Society has been instrumental in the establishment of a number of gerontological organizations, including the Association for Gerontology in Higher Education and the

International Association of Gerontology (IAG). It is also one of only two official U.S. members of the IAG.

Since 1974, the Society has conducted the Technical Assistance Program, which has placed nearly 300 postdoctoral researchers in a variety of service delivery or planning agencies to work on specific research projects. Many of these projects deal with the health of older people, including minority older adults.

## **Activities for Special Populations**

Gerontological Society of America activities target improvements in the well-being of older adults.

## **Planned Activities**

The Annual Scientific Meeting of the Gerontological Society of America, held in November each year, brings together in one location nearly 4,000 leading researchers, practitioners, and educators in the field of gerontology for discussions, seminars, workshops, symposia, and exhibits. Many of the sessions at the annual meeting are devoted to health and well-being, what is being done and what can be done in the field of health for the older generation.

The Society's award program has a dual purpose: to honor outstanding leaders in the field of gerontology and to focus attention on developments in the area of aging (including health). The Society awards are: The Donald P. Kent Award, The Robert W. Kleemeier Award, and The Joseph T. Freeman Award. The Society also administers the newly created Glenn Award.

## Girl Scouts of the U.S.A.

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**Type of organization:** youth-serving agency.

**Year established:** 1912

**Number of current members:** more than 3 million

**Mission:** to inspire girls with the highest ideals of character, conduct, patriotism, and service so that they may become responsible and resourceful citizens.

### Activities Supporting Healthy People 2000

Girl Scouts of the U.S.A. (GSUSA) has worked for nearly 80 years to help girls aged 5 through 17 reach their fullest potential. Health is one of the important components of the Girl Scout program that makes this possible. Through a wide variety of program activities related to health and well-being, many of the goals of *Healthy People 2000* are met. Specific activities include the following:

Tobacco (objective 3.5) - We developed a booklet in our *Contemporary Issues Series* entitled *Tune In to Well Being, Say No to Drugs* that explains the dangers of tobacco use and offers activities for all age levels that emphasize the hazards and offer alternate activities.

Alcohol and Other Drugs (objectives 4.5 and 4.6) - Using the aforementioned resource, *Tune In to Well Being, Say No to Drugs*, Girl Scouts and their leaders are alerted to the dangers of alcohol, marijuana, cocaine, and other drugs at all age levels, are given tips for recognizing signs of substance abuse, and are introduced to activities that create a support structure for girls that makes drug use an unacceptable and unattractive way to deal with problems.

Family Planning (objectives 5.1, 5.4, and 5.5) - The *Contemporary Issues* booklet for preventing teenage pregnancy, *Decisions for Your Life*, is for girls aged 8 through 17. Girls are made aware of the risk factors that lead some girls to teen pregnancy and the prevention approaches that can be used to reduce the number of pregnancies in young girls. Activities are suggested that will help adolescents learn strategies to fight negative peer pressure, enhance their self-esteem, and develop decision-making, communication, and other skills that can lead to a brighter future.

Mental Health and Mental Disorders (objectives 6.1, 6.2, and 7.2) - Using our *Contemporary Issues Series* booklet for preventing youth suicide, *Reaching Out*, girls aged 5 through 17 and their leaders are given a basic tool to enable them to combat a problem that has long been surrounded by stigma and taboos. Prevention of suicide attempts by youngsters is an important goal in GSUSA's commitment to safeguard the well-being of girls and to help them grow into women who can deal with the stresses of today's world.

Violent and Abusive Behavior (objective 7.4) - The *Contemporary Issues* booklet for preventing child abuse, *Staying Safe*, defines the four kinds of abuse and gives girls and their leaders preventive measures and tips for recognizing child abuse. The suggested activities offer girls personal safety skills that can keep them from being abused.

Educational and Community-Based Programs (objective 8.9) - Girl Scout program activities can be done in the troop/group setting, as well as at home. Girls are encouraged to share their experiences with their families.

Unintentional Injuries (objectives 9.1, 9.12, and 9.13) - *Safety-Wise*, our health and safety resource, is addressed to adults who work with girls. This book has two objectives: to plant the seeds for general safety consciousness that will protect and maintain the well-being of every Girl Scout and to supply safety guidelines for specific Girl Scout activities. *Safety-Wise* insures that safe practices are followed, thus decreasing unintentional injuries.

HIV Infection (objective 18.3) - Girl Scouts of the U.S.A.'s *AIDS Awareness Update 1991* addresses the issue of AIDS prevention. Girls aged 5 through 17 can discuss with their Girl Scout leaders and other trained professionals what AIDS is, how you contract it, and how it affects our lives.

## **Activities for Special Populations**

Girl Scouts of the U.S.A. activities target improvements in the well-being of girls and young women.

## **Planned Activities**

Physical Activity and Fitness and Nutrition (objectives 1.3, 1.5, 1.6, and 1.11) - In the near future, Girl Scouts of the U.S.A. will be completing a health and fitness *Contemporary Issues* booklet, *Be Your Best*, that will focus on good nutrition, physical exercise and stress reduction, avoiding harmful substances, forming healthy habits, and health and the environment. The booklet will contain activities for health and fitness and will become part of a larger health and fitness project to include a health and fitness kit for girls of all age levels to use.

## Group Health Association of America, Inc.

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**Type of organization:** trade association representing 300 health maintenance organizations (HMOs).

**Year established:** 1959

**Number of current members:** 300

**Mission:** to foster, encourage, and aid the development, expansion, and general availability of organized prepaid health-care systems as an alternative to other arrangements for the financing, organization, and delivery of health-care services. Group Health Association of America's (GHAA) purposes include pursuing all lawful activities in connection with its principal mission, representing the interests of all GHAA members, and establishing and maintaining quality standards for organized prepaid health-care systems.

### Activities Supporting Healthy People 2000

The Group Health Association of America, Inc., through its Medical Affairs Department, educates its member plans (totalling 300 health maintenance organizations that enroll approximately 25 million people, two thirds of all HMO members nationwide) about the goals and activities of *Healthy People 2000* through articles in our publications, *HMO Magazine* and the *HMO Manager's Letter*, as well as through regular correspondence to more than 400 members of our Medical Management Council. Periodically, we include articles in the above-mentioned publications about activities undertaken by our member organizations in support of the Healthy People 2000 initiatives.

### Planned Activities

GHAA will continue to use its publications and other networking activities to inform our member plans about *Healthy People 2000*. We will also continue to share information with our constituents about Healthy People 2000 activities undertaken and accomplished by our member organizations. We will also serve as a resource for HMOs to contact should they desire information about the specific goals and objectives.



# Healthy Mothers, Healthy Babies Coalition

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**Type of organization:** voluntary health organization.

**Number of current members:** 104 national; 100 State/local

**Mission:** to foster education for pregnant women through collaborative activities and sharing of information and resources. The Healthy Mothers, Healthy Babies Coalition is an informal association of more than 104 national and 100 State and local professional, voluntary, and governmental organizations with a common interest in maternal and infant health.

## Activities Supporting Healthy People 2000

The National Healthy Mothers, Healthy Babies Coalition (HMHB) supports the goals of *Healthy People 2000* and is committed to addressing several objectives related to maternal and infant health. HMHB Coalition seeks to:

- Promote public awareness and education about perinatal health issues, with a special focus on preventive health habits for all pregnant women and their families;
- Develop networks for sharing information among groups concerned about improving the health of mothers and babies;
- Distribute public and professional education materials on topics related to improving maternal and child health;
- Assist the development of State and local HMHB Coalitions by providing technical assistance and resource materials to them on an ongoing basis; and
- Promote communication and interaction among organizations serving minorities at the national, State, and local levels and to better address underserved minority populations' needs through health promotion campaigns.

The current issue committees of HMHB Coalition national office and their activities are described below:

**Adolescent Pregnancy** - This committee is revising their *Fact Pack*, a series of fact sheets on trends in adolescent pregnancy and related health issues for use as reference for health-care providers and policy makers.

**Breastfeeding Promotion** - This committee is focusing on breastfeeding in the workplace, with special emphasis on hospitals. An annotated bibliography of educational materials on *Breastfeeding and the Working Mother* and a related fact sheet for employers are in progress.

**Genetics** - This committee is focusing on integrating genetics and maternal and child health, primarily by information exchange among its members and with other committees.

**Injury Prevention** - To further educate the Maternal and Child Health (MCH) community about injury control, this committee developed two presentations, one on scald-burn prevention and the other on an injury prevention training program, for the Coalition's membership meetings.

**Oral Health** - This committee is concerned with encouraging other disciplines to advocate for oral health within their programs and services. The Committee has developed an educational piece for health professionals on infant feeding practices including a section on baby bottle tooth decay.

**Substance Use and Pregnancy** - This committee shares information on grants, model programs, educational resources, and policy developments at their meetings, invites speakers to brief them on related topics, and participates in the Coalition on Alcohol and Drug Dependent Women and Their Children.

**Immunization Education and Action** - In partnership with the U.S. Centers for Disease Control and the Office of the Surgeon General, this newly-formed committee aims to build public awareness of the importance of preschool immunization, the efficacy of vaccines and their safety, and to build grassroots support for adequate resources for immunization.

## Activities for Special Populations

HMHB has a current issue committee studying outreach to low-income women. This committee is identifying opportunities for collaboration among groups and organizations seeking to reach or serve low-income women. A publication, *Supplement to A Compendium of Program Ideas for Serving Low-Income Women*, was produced and distributed to national and State members last year. Next year, HMHB plans to launch the Minority Outreach Initiative to improve communication and collaboration with minority organizations.

## Planned Activities

HMHB Coalition will continue the development of existing projects that support Healthy People 2000. Toward meeting our goals and objectives, HMHB Coalition will: continue to publish a quarterly newsletter; provide national and State members with monthly mailings of Coalition activities and resources; and provide information and referral to more than 2,800 requests for information on infant mortality reduction issues.

Other specific tasks HMHB expects to accomplish:

- Collaboration with Office of the Surgeon General in "Healthy Children, Ready to Learn" initiative to address health needs of children entering and already in the education system;
- Quarterly membership meetings of the national HMHB Coalition to keep members informed of trends in maternal and child health;
- Provision of technical assistance to State coalitions;
- Provision of technical assistance to organizations in the public and private sectors on coalition-building, public information campaigns on prenatal care, and media on prenatal care and infant mortality;
- Support for participation in the Child Health Day program committee; and
- Coordination of selection and presentation of Healthy Mothers, Healthy Babies National Achievement Awards for presentation on Child Health Day in Washington, DC.

# International Association for Enterostomal Therapy

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(714) 476-0268

**Type of organization:** health professional association.

**Year established:** 1968

**Number of current members:** 2,550

**Mission:** to provide education, research, certification, and a collaborative atmosphere to support state of the art health-care management for individuals with wounds, ostomies, and incontinence.

## Activities Supporting Healthy People 2000

The International Association for Enterostomal Therapy (IAET) is concerned about the advancement and promotion of health care and the improvement of nursing practice with an emphasis on Enterostomal Therapy (ET) Nursing. Hence, the IAET subscribes to the philosophy that all people with abdominal stomas, fistulas, draining wounds, incontinence, and pressure sores have the need for care and expertise, and the right to benefit from those services. By a process of accreditation and certification, the IAET provides high standards of education and endorses a baccalaureate degree with a nursing major for entry into the profession. As such, the IAET provides Standards of Care to foster high quality patient care. The purpose of the IAET is the promotion of education for patients, nurses, physicians, and other allied health professionals in the biopsychosocial and sexual rehabilitation of people with abdominal stomas, fistulas, draining wounds, incontinence, and pressure sores.

## Activities for Special Populations

The IAET has an Adopt-A Country program whereby each region adopts a third world country not able to obtain ostomy supplies. While this program was initially focused on third world countries, some regions have implemented programs on the local level as well.

## Planned Activities

The IAET has planned an ET Nurse Day in Washington, DC. Each spring, the IAET hosts an annual reception on Capitol Hill held in conjunction with ET Nurse Day. The Board of Directors of the IAET selects two legislators to receive the Quality of Life award for their support of the health-care industry. The IAET is also planning a Nurse in Washington Internship (NIWI). Representatives from the IAET are sent to participate in this program to facilitate better communications with key contacts in Washington, DC.

The IAET plans to actively pursue high quality education in numerous capacities:

- Accrediting ET Nursing Education Programs (ETNEP) to train future ET Nurses;
- Providing certification for nurses who have completed an ETNEP program through the ET Nursing Certification Board (ETNCB);
- Providing continuing education credits at Annual Conferences; and
- Approving programs offered by regions and corporations for continuing education credits.

## International Patient Education Council

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Kay Deaner  
President, IPEC  
Good Samaritan Hospital  
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**Type of organization:** health professional association.

**Year established:** 1988

**Number of current members:** 400

**Mission:** to advance the science and practice of patient education, in order to promote educationally-centered health care at the local, regional, and international levels.

### Activities Supporting Healthy People 2000

#### Adoption of Healthy People Objectives

The International Patient Education Council (IPEC) has adopted the 20 objectives pertaining to patient education.

#### Collaboration with Healthy People Consortium Members

IPEC has initiated contact with selected Consortium members to explore ways to promote achievement of patient education objectives.

#### Editorial/Publications

A special editorial in *Patient Education and Counseling Journal* (December 1989 issue) announced publication of the recommendations of the Clinical Preventive Services Task Force. The lead article in *Patient Education Rx* newsletter highlighted release of the *Healthy People 2000* objectives (December 1990 issue). In addition, IPEC published a *Resource Sheet* on "The Best of Diabetes Education."

#### Patient Education Week

The theme for 1991 Patient Education Week, "Patient Education: Pathway to Health", emphasizes health promotion contributions of patient education. Patient Education Week is sponsored by IPEC in cooperation with the U.S. Public Health Service "Put Prevention into Practice" campaign. Tens of thousands of health-care professionals participate in Patient Education Week each year.

#### Quality Assurance

IPEC activities are oriented to the overall goal improving the quality of patient education programs.

### Planned Activities

#### Editorial/Publications

*Patient Education and Counseling Journal* will feature a collection on Healthy People 2000. The collection will feature articles addressing the 20 patient education objectives; it is planned for the October 1992 issue. Collections in *Patient Education and Counseling Journal* are planned on topics related to patient education objectives: cholesterol education, relaxation training/stress management, and promoting health promotion in medical education.

### **Annual Conference**

The theme for 1992 Annual Conference, to be held in May 1992, will be "Building Healthy Partnerships: Pathway to Empowerment." Health promotion contributions of patient education will be featured.

## Learning Disabilities Association of America

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LDA  
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**Type of organization:** volunteer advocacy, information dissemination, and parent support.

**Year established:** 1964

**Number of current members:** 60,000

**Mission:** to promote and support the general welfare of individuals with learning disabilities and their families. The research committee promotes biomedical research and collects and disseminates new information relevant to causes, prevention, treatment, and remediation of learning disabilities.

### Activities Supporting Healthy People 2000

#### The Research Committee

The Learning Disabilities Association of America's (LDA) research committee works with private and Federal agencies to collect and disseminate information on environmental factors, such as lead, pesticides, neurotoxins, drugs and alcohol, and tobacco smoke, that adversely affect the developing central nervous system. The committee informs the membership about the dangers of environmental toxins, including lead, pesticides, alcohol and drug abuse, and smoking to the developing fetus and young child and encourages the development of tests that measure hazards to the developing nervous system and growing child. We work with interested organizations to provide input into legislation to prevent disabilities and support funding for continuing research on the prevention of disabilities.

At the Annual LDA Conference, the research committee has a preconference medical symposium to bring together experts in a given field for the prevention of learning disabilities. Past symposia included Research in Infant Assessment (cosponsored by the March of Dimes Birth Defects Foundation) and Brain Imaging and Learning Disabilities (cosponsored by the Center for Imaging Science, University of Chicago).

#### The Mental Health Committee

The mental health committee disseminates a mental health/learning disabilities information packet; maintains a database of mental health articles and reports; creates awareness and informs parents, educators, physicians, and psychiatrists about mental health issues and community mental health services; and works with private and Federal agencies to collect and disseminate information on vulnerability of people with learning disabilities to depression and substance abuse.

At the Annual LDA Conference, the Mental Health Committee has a preconference workshop on mental health issues. Past topics have included Dual Diagnosis: The Child, Adolescent, or Adult Who Has A Learning Disability and an Emotional Disorder, and Stress, Anxiety, and Depression: Impact on Learning Disabilities.

### Activities for Special Populations

LDA advocates for all people with learning disabilities, whether or not they are members of the organization. LDA has long advocated for health and nutritional programs that serve low-income minority families. Infants and children in low-income families are at particular risk of developing

disabilities due to greater risk of experiencing low birth weight resulting from alcohol and drug abuse, poor prenatal care, and exposure to environmental toxins, such as lead, mercury, and pesticides. This year, LDA is establishing a Minority Concerns Committee to investigate and report on the particular vulnerability of minority children and adults with learning disabilities.

## **Planned Activities**

The LDA Research Committee will continue its activities in the area of prevention of disabilities, continue to inform members about the dangers of low birth weight and some preventable causes, and will distribute its Neurotoxicity Resolution to newly elected State Governors. The LDA Mental Health Committee will also continue its activities for promoting better mental health for individuals with disabilities and continue to add new references to its database on mental health.

The 1993 preconference medical symposia will be on Tots and Toxins.

## March of Dimes Birth Defects Foundation

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March of Dimes  
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Wendy R. Nadel  
Director of Youth Programs  
March of Dimes  
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White Plains, NY 10605

**Type of organization:** voluntary health organization.

**Year established:** 1938

**Number of current members:** 131 chapters

**Mission:** to improve the health of babies by preventing birth defects and infant mortality through community services, advocacy, research, and education.

### Activities Supporting Healthy People 2000

The March of Dimes Birth Defects Foundation has formally endorsed the three goals of *Healthy People 2000*. The Foundation has also adopted the three objectives focusing on the reduction of infant mortality, low birthweight, and increasing first trimester prenatal care. These objectives have become the cornerstone of all March of Dimes activities. The foundation is involved in activities that meet the other objectives specified below, as these have a clear impact on the outcome of pregnancy and infant health.

#### Nutrition

Objective 2.20 - The Foundation provides nutrition education to men and women in the workplace through a worksite health promotion program, Babies and You.

Objective 2.21 - We actively support Federal expansion of the WIC program and State supplemental funding for expansion of WIC; co-sponsor nutrition conferences with the American Dietetic Association and the U.S. Department of Health and Human Services on nutrition during pregnancy for nurses, physicians, and nutritionists; publish, update, and distribute educational materials that discuss nutrition; and publish and distribute a 10 module training curricula, that provides nutrition information and builds skills of health professionals working with pregnant women.

#### Tobacco

Objective 3.4 - The March of Dimes conducts a smoking cessation program for national office employees.

Objective 3.5 - We educate teenagers about smoking hazards through health conferences and classroom presentations conducted as part of the Chain Reaction program, the Foundation's national youth program.

Objective 3.7 - We reach men and women in their childbearing years through the Babies and You substance abuse seminar and Stork's Nest, a maternity incentive and educational program; we publish and distribute educational materials on the dangers of smoking during pregnancy; we collaborated with American Lung Association and the U.S. Centers for Disease Control (CDC) to publish a handbook on planning, implementing, and evaluating smoking cessation programs for pregnant women; we support legislation to put warning labels on cigarettes, especially targeted to pregnant woman; and train health-care providers through intensive perinatal addiction preceptorships.

Objective 3.11 - We adopted a corporate no-smoking policy.

Objective 3.12 - We advocate for clean indoor air legislation at the State level.



## **Alcohol and Other Drugs**

Objective 4.6 - We conduct health conferences and school presentations that address the dangers of drug and alcohol use through the Chain Reaction program; we support legislation at the State level that mandates comprehensive school health education (including substance abuse prevention); we support legislation to put warning labels on alcoholic beverages, especially targeted to pregnant woman; and we train health-care providers through intensive perinatal addiction preceptorships.

## **Family Planning**

Objective 5.1 - We provide grant funds to national and community-based programs aimed at preventing teenage pregnancy; conduct educational conferences and seminars that explore the issue of teenage pregnancy and male responsibility (through Chain Reaction, Project Alpha (a project co-sponsored with Alpha Phi Alpha Fraternity) and local chapter initiatives); and publish and distribute pamphlets and videos on teenage pregnancy.

## **Educational and Community-Based Programs**

Objective 8.4 - We support legislation at the State level to mandate comprehensive school health education and actively participate in NaSHEC, a national coalition that promotes high quality kindergarten through 12 comprehensive school health education.

Objective 8.6 - We provide a worksite-based, prenatal health promotion program, Babies and You, to employees in hundreds of worksites nationwide and conduct a corporate health promotion program for employees at national office.

## **Environmental Health**

Objective 11.2 - We support increased funding for birth defects monitoring and surveillance and support increased funding for research on prenatal exposure to lead and other chemicals and environmental substances.

Objective 11.16 - We support replication of the California Birth Defects Monitoring program to monitor environmental birth defects.

## **Maternal and Infant Health**

Objectives 14.1 and 14.5 - We fund national and community-based programs aimed at reducing infant mortality; fund research into the causes and treatments of birth defects and infant morbidity and mortality; educate men and women in their childbearing years through health promotion programs such as Storks Nest and Babies and You; and support legislation mandating Medicaid coverage of pregnant women and infants up to 185 percent of Federal poverty level. We also support full funding for the Maternal and Child Health (MCH) Block Grant at \$686 million and increased funding for the establishment and expansion of Community and Migrant Health Center perinatal programs; publish and distribute 15 modules to increase knowledge and skills of nurses who care for mothers and babies; publish and distribute public educational materials regarding risk factors associated with unhealthy births; and collaborate with national and local organizations and associations to reach this objective.

Objective 14.2 - We provide grant funds to support National Fetal infant mortality review project.

Objective 14.4 - We produce and distribute educational audiocassette packages for physicians and nurses on how to identify an alcoholic patient; train health-care providers through intensive perinatal addiction preceptorships; support increased funding for CDC to establish programs to assist States in fetal alcohol syndrome (FAS) prevention, to evaluate prevention strategies, and to improve data collection methods; support legislation that requires rotating warning labels (one of which is directed to pregnant women) on alcoholic beverages, print, and broadcast advertisements and includes a toll free hot line; and we support legislation at State and local levels, to mandate FAS warning signs in places where alcoholic beverages are sold.

Objectives 14.7 and 14.8 - We support assessment of regionalized perinatal care system.

Objective 14.10 - We conduct educational seminars aimed at reducing usage of tobacco, drugs, and alcohol through Babies and You and Storks Nest programs; we publish and distribute public educational materials encouraging abstinence from substances that are dangerous to the fetus; we produce and distribute educational audiocassette package for physicians and nurses on drug, alcohol, and smoking use during pregnancy; and train health-care providers through intensive perinatal addiction preceptorships.

Objective 14.11 - We participate in national and local coalitions that work to remove barriers to obtaining prenatal care; fund local programs to increase access to prenatal care; and encourage women to obtain early and regular prenatal care through Storks Nest, which provides incentives for prenatal visits, and Babies and You, which encourages worksites to adopt incentives that will motivate employees to attend prenatal educational seminars and seek prenatal care during the first trimester. We also support legislation that mandates Medicaid coverage of pregnant women up to 185 percent of the Federal poverty level; support fully funding the Maternal and Child Health (MCH) Block Grant at \$686 million and increased funding for the establishment and expansion of Community and Migrant Health Center perinatal programs; and we support increased Federal funding for the National Health Service Corps, thereby increasing access to care for pregnant women who reside in medically underserved areas.

Objective 14.12 - We publish and distribute material on preconception health care and counseling skills to health professionals and the public.

Objective 14.13 - We publish and distribute educational materials on genetic counseling; provide intensive training to health-care providers on practical applications of medical genetics through preceptorships; we communicate to women the importance of seeking screening and counseling on prenatal detection of fetal abnormalities through the Babies and You program; we publish and distribute educational pamphlets and information sheets discussing screening and counseling or prenatal detection; and we support increased Federal funding for genetic services and birth defects research and surveillance.

Objective 14.14 - We train health-care providers through intensive genetics preceptorships.

Objective 14.15 - The Foundation improves the expertise of providers through our continuing education program module: The First Six Hours After Birth; we provide intensive training to health-care providers on practical applications of medical genetics through preceptorships; and we support increased Federal funding for genetic services and birth defects research and surveillance.

Objective 14.16 - We communicate the importance of seeking primary care services for infants at the appropriate intervals through the Babies and You program; and we support legislation to expand Medicaid, including eligibility for infants.

### **Diabetes and Chronic Disabling Conditions**

Objective 17.2 - We support public and private research to prevent birth defects.

### **HIV Infection**

Objective 18.2 - We include HIV prevention in educational conferences and seminars conducted through the Chain Reaction program; we publish and distribute an educational pamphlet on AIDS prevention; and we participate in national coalitions regarding perinatal and pediatric HIV/AIDS legislation.

### **Sexually Transmitted Diseases**

Objective 19.12 - We advocate for legislation mandating school health education that includes prevention of sexually transmitted diseases.

Objective 19.13 - We prepare caregivers to assess and treat STDs appropriately through our continuing education program module: Antipartal Screening of the Pregnant Woman.

### **Immunization and Infectious Diseases**

Objective 20.11 - The Foundation communicates the importance of seeking childhood immunizations for infants to participants of Babies and You program and supports increased funding for infant immunization outreach and services.

Objective 20.13 - We provide educational seminars for State policy makers.

Objective 20.15 - The Foundation support expansions of Medicaid eligibility and coverage for immunization for infants and children.

### **Surveillance and Data Systems**

Objective 22.3 - We support development of an improved national birth certification and immunization registration system.

Objective 22.5 - The Foundation supports increased funding for the CDC to strengthen overall birth defects prevention efforts through the establishment of birth defects monitoring efforts at the State level and supported establishment of California Birth Defects Monitoring Program (a model system for birth defects registries throughout the world).

### **Activities for Special Populations**

March of Dimes Birth Defects Foundation activities target improvements in the health and well-being of infants.

## Maternal and Child Health Network (MCH-Net)

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**Type of organization:** electronic maternal and child health membership network.

**Year established:** 1990

**Number of current members:** 120 in  
maternal and child health; 7,000 in greater  
Human Services InterNet

**Mission:** to facilitate collaboration and dissemination of MCH information and expertise using computer-based telecommunications networks.

### Activities Supporting Healthy People 2000

A primary focus of our network is on the Surveillance and Data Systems objectives in *Healthy People 2000*. More specifically we are interested in exploring methods whereby personal computer-based telecommunications systems can be used not only for the dissemination of health objectives-related information, but to use these same systems to gather, analyze, and disseminate standardized data and provide timely feedback on health objectives progress at both the State and Federal level. In addition, we use the Maternal and Child Health Network (MCH-Net) to promote broad electronic dissemination of Healthy People 2000 information.

### Planned Activities

We plan to investigate the feasibility of providing electronic data capability to the MCH-Network during fiscal year 1991 and to enhance current data capture and retrieval capability. Information on progress toward Healthy People 2000 will be regularly posted to the MCH-Network on the Human Services InterNet. We will actively encourage the coordinators of the Healthy People 2000 initiative to support collaboration among Consortium members interested in data, surveillance, and telecommunications issues.

# Maternity Center Association

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**Type of organization:** voluntary health association.

**Year established:** 1918

**Mission:** to promote safe, affordable, family centered maternity care through demonstration projects, education programs, and advocacy.

## Activities Supporting Healthy People 2000

The Maternity Center Association (MCA) supports the objectives of *Healthy People 2000* by promoting the improvement of maternal and child health. For over 70 years, MCA has been a forerunner in developing demonstration projects, conducting research, and educating the public and government leaders on the importance of good prenatal and child care. Maternity Center Association's many activities include:

- Developing and operating the Childbearing Center (CbC), an out-of-hospital birth center to provide safe, satisfying, and economical care to childbearing families. Since opening in 1975, the CbC has been replicated and adapted to other health-care settings around the country;
- Offering classes to prepare parents and siblings for childbirth and baby care. MCA was the first to offer classes for expectant parents in 1918 and the first to offer sibling preparation classes in 1979;
- Conducting educational workshops for expectant parents and for childbirth educators on a variety of topics; and
- Publishing educational material used by parents and professionals in 50 States and 82 countries.

MCA supports efforts to make safe, sensitive, and affordable maternity care accessible to all families in New York City and all over the country. MCA's demonstration project, the Childbearing Center, has served as a model for more than 160 similar centers across the country. In this way, MCA has had a hand in providing care for many women who otherwise may not have had care. Our demonstration projects and educational programs benefit families, health professionals, and public health policy-makers. In addition, we have been a major force in improving maternal and infant health care in the United States and around the world.

## Activities for Special Populations

MCA is constantly planning different projects to promote safe, affordable, family-centered maternity care, and to educate people on good maternal and infant care. Efforts are now being made to translate some MCA publications into Spanish and French so that MCA can provide high quality information to more families of different backgrounds.

MCA opened the first childbearing center in the Southwest Bronx to offer sensitive and affordable care to low-income families and to help reduce the instance of infant mortality in that community.

## **Planned Activities**

Because of the success of the Childbearing Center in the Southwest Bronx, MCA is now working with the New York City Health and Hospitals Corporation toward opening an out-of-hospital birth center in Brooklyn in an effort to improve the access for low-income women to personalized, culturally-sensitive, community-based maternity services. Other efforts are underway to open a birth center on the Lower East Side of Manhattan, and for MCA to extend its service to the families of East and Central Harlem.

# NAACOG - The Organization For Obstetric, Gynecologic, and Neonatal Nurses

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NAACOG  
409 12th Street, SW.  
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**Type of organization:** professional nursing organization.

**Year established:** 1969

**Number of current members:** 27,000+

**Mission:** to establish and promote the highest standards of obstetric, gynecologic, and neonatal (OGN) nursing practice, education, and research, and to act as an advocate for those who are consumers of OGN nursing care.

## Activities Supporting Healthy People 2000

We produce a variety of documents that support achievement of the goals of the Association. Most of these documents assist obstetric, gynecologic, and neonatal (OGN) nurses with the provision of care that facilitates the achievement of objectives from the Maternal and Infant Health priority area of *Healthy People 2000*. Examples include *NAACOG Standards For The Nursing Care Of Women And Newborns* and educational guidelines and practice competencies in the areas of childbirth education, electronic fetal monitoring, neonatal care, intrapartum care, and women's health nurse practitioners. Practice resources on a variety of clinically oriented topics, such as induction and augmentation of labor, neonatal thermoregulation, postpartum nursing care, and quality assurance are produced to assist the professional nurse with the "how-to" aspects of the specialty. Position statements issued on a variety of topics, such as access to health care and screening mammography, have been used to assist with the passage of legislation that promotes achievement of specific objectives from *Healthy People 2000*. Our monthly newsletter and bimonthly journal include articles to assist OGN nurses with the provision of care that helps meet the health objectives. Textbooks, videos, and other educational resources on a range of subjects have been developed and are available through the Association.

Family Planning (objectives 5.1, 5.2, 5.6, and 5.7) - We developed and sell a contraceptive counseling program kit consisting of a slide and lecture program, a contraceptive decision tree, anatomical charts, brochures, and sample contraceptives to be used in contraceptive counseling. We developed, distributed to members, and sell a practice resource on currently available methods of contraception that includes information about effectiveness, risks and benefits, patient counseling, and education. A position statement on reauthorization of funding for Federal Title X family planning programs has been used to support legislative efforts for family planning clinics.

Occupational Safety and Health (objectives 10.5 and 10.9) - A June 1991 NAACOG newsletter article provided current information on preventing Hepatitis B among nurses. A practice resource on the impaired nurse has been distributed to members (and is sold) that details risk factors, intervention, treatment, and recovery of the chemically impaired nurse.

Maternal and Infant Health (objectives 14.1 through 14.16) - We developed and sell the video "A Challenge To Care" that outlines strategies for helping chemically dependent women and infants and the video "Project Future," a three-part series on teenage pregnancy, childbirth, and parenting. We developed and sell a series of videotaped programs on critical-care obstetrics that covers technical aspects of care such as interpreting EKGs and arterial blood gases. Technical information on electronic fetal monitoring is available via a video series that can be purchased.

We developed and sell a video, "Hello Baby," a three-part audiovisual tool used in childbirth preparation and the video "Baby Basics" that teaches the basics of infant care. Various practice resources have been developed and distributed to members and are sold to assist professional nurses with specific aspects of clinical practice such as physical assessment of the neonate, mother-baby care, phototherapy and nursing care of the newborn with hyperbilirubinemia, postpartum nursing care, and prevention, recognition, and management of neonatal pain, and a variety of other topics. We funded research grants on a variety of topics including increasing breastfeeding, vaginal birth after cesarean delivery, and reducing the incidence of low birth weight infants.

Cancer (objective 16.3) - We issued a position statement on the value of screening mammography that has been used in support of legislative efforts to expand access to screening mammography. We provided testimony to a U.S House of Representatives subcommittee urging expansion of Medicare reimbursement to cover screening mammography according to accepted guidelines.

HIV Infection (objectives 18.1 and 18.2) - The Association's President wrote to members of Congress in support of voluntary HIV testing and disclosure for patients and health-care providers and case-by-case consideration of practice restrictions for HIV infected health-care providers. Our August newsletter featured a letter from the President about this crisis in public health.

Sexually Transmitted Diseases (STDs) (objectives 19.1 through 19.8) - We developed, distributed to members, and sell a practice resource on contraceptive options that includes information on the ability of each method to protect against STDs. We funded a research grant related to decreasing the incidence of human papilloma virus.

Clinical Preventive Services (objective 21.1) - Association position statements have been used to support legislative efforts that enhance and increase the preventive services available for women and neonates. In addition, we have funded research grants on topics such as infertility and have provided testimony to agencies such as the U.S. Food and Drug Administration, the U.S. National Institutes of Health (NIH), and various Senate and House committees and subcommittees on the provision of preventive services for women and newborns.

## **Planned Activities**

Physical Activity and Fitness (objectives 1.3, 1.5, 1.6, and 1.7) - A new practice resource is being developed that will focus on preventive health for women. A consumer education brochure is being developed that will address objectives related to the health care of menopausal women. Both of these resources also apply to the Heart Disease and Stroke priority area.

Violent and Abusive Behavior - An article is being developed for our newsletter that will focus on identification of and assistance for battered women.

Environmental Health (objectives 11.7 and 11.8) - A future issue of the Newsletter will include a feature article on environmental awareness discussing issues such as cloth versus disposable diapers.

Maternal and Infant Health (objectives 14.1 through 14.16) - Consumer education brochures are being developed on the topics of "questions to ask when your baby is in a special care nursery" and "planning for pregnancy prior to conception." A position statement is being developed that would recognize breastfeeding as the preferred method of infant feeding and a practice resource is being written that would assist health-care providers with their efforts to facilitate breastfeeding. A second video on substance abuse is planned and a series of videos on cross training of personnel in obstetrics is being produced. A project that will outline didactic content and the development of skills in fetal heart monitoring will be piloted in 1992. Research grants will continue to be funded with a focus on reducing the incidence of low birth weight among infants. A project task force is planned on transition of the preterm infant to the open crib. Practice resources on a variety of topics have been identified including one on cesarean delivery skills and another on



home care of the technology dependent neonate. As position statements are developed, legislation that advances services for women and their infants will be supported by letters and testimony to relevant committees and government agencies.

Diabetes and Chronic Disabling Conditions (objectives 17.9 and 17.10) - A practice resource is being developed on the topic of diabetes in pregnancy.

## National 4-H Council

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Virginia Gobeli  
National 4-H Program Leader  
Extension Service  
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**Type of organization:** youth development.

**Year established:** 1977

**Number of current members:** 5,434,286

**Mission:** to develop youth potential by acquiring and applying resources in partnerships, primarily with the Cooperative Extension System.

### Activities Supporting Healthy People 2000

Health, fitness, nutrition, and safety have been an emphasis in the 4-H youth development program for over 80 years and continue to be a central theme today. With a major national initiative on at-risk youth, this also relates directly to many of the priority areas of *Healthy People 2000*. Some of the specific activities supporting Healthy People 2000 are listed below.

More than one million youth are enrolled in nutrition-related projects learning the principles of nutrition as they relate to health, fitness, and physical appearance; understanding the scientific principles of nutrition; and, acquiring and demonstrating skills in planning, purchasing, preparing and serving tasty, attractive, and nutritious meals and snacks. This program is operated in partnership with Kraft General Foods.

New emphasis is being placed on a Fitness Leadership program in cooperation with Nestle USA. Participating youth gain leadership skills relating to fitness and health; explore health-related careers; serve as volunteers with health-care agencies and institutions; and provide community service and help affect public policy related to health.

Youth participating in the National 4-H Health Program, supported by the French Foundation for Alzheimer Research, learn about the importance of personal health, provide community support, and get involved in environmental health issues. In addition, the program emphasizes intergenerational activities.

A new 4-H program relating to biomedical careers in cooperation with the U.S. National Institutes of Health (NIH) will be launched in 1992. In addition, a new coalition-building model for communities targeting alcohol and substance abuse prevention is a joint effort of 4-H Extension, USDA, National 4-H Council, U.S. Department of Justice, and U.S. Department of Transportation.

In public housing developments in eight cities, the USDA-Extension Service and U.S. Department of Housing and Urban Development (HUD) are cooperating to bring consumer education to young people and their families. Funded by a grant from Kraft General Foods, the demonstration projects are focused on consumer decision-making, nutrition, and family management.

Two Extension Centers for Action in the area of school-age child care and education (at the University of Missouri and University of California), funded by the W. K. Kellogg Foundation, support the Extension System's aggressive expansion program of establishing and/or providing technical assistance to school-age child care education sites. Three Kellogg Foundation supported Extension Centers for Action provide technical assistance in the area of community coalition-building; these are located at Ohio State University, University of Massachusetts, and University of Wisconsin. Two other Extension Centers for Action support scientific and reading literacy. Located at the University of California and Michigan State University, these are also

supported by Kellogg. Strong partnerships supporting scientific and reading literacy are being developed between 4-H and RIF (Reading is Fundamental) and the National Science Foundation.

National 4-H Council is represented on the Children's Defense Fund's Adolescent Pregnancy Prevention Network and is in the process of developing partnerships with several other national organizations to support local community coalition models in this area.

At present, Extension is actively involved in offering programs to military families and their children on 114 military bases through a cooperative agreement with the Department of Defense.

Parenting is a priority Extension focus under the leadership of the Home Economics staff. In many States, programs are targeted to parents who are at greatest risk, i.e., teenage parents, parents with limited resources, single parents, and parents in blended families. Programs in 22 States helped 530,133 parents and child-care providers learn effective parenting skills in 1990.

A new video series project supported by the Hallmark Corporate Foundation is being produced on child development for children aged seven through nine, relating to social and emotional needs of kids, e.g., working together, getting along, and making friends.

Food safety and quality is a national initiative for the Cooperative Extension System. Youth programs are one priority area in this initiative. State food science specialists are involved in a variety of activities for youth from basic risk management curriculum development to developing hypermedia software for children.

Extension 4-H is the lead agency in providing training for Making the Grade: A Report Card on American Youth for all of the partner organizations of The National Collaboration for Youth. The program focuses on six issues: illiteracy, school dropouts, substance abuse, adolescent pregnancy, youth unemployment, and crime. Through town meetings, communities focus on their local concerns and coordinate their resources and are given guidance for galvanizing local action toward real policy and program solutions to the problems that are jeopardizing the futures of millions of America's youth.

The Cooperative Extension System, through a matched funding process, has implemented targeted prevention and intervention programs to aid communities in addressing needs of at-risk youth. \$7.5 million in Federal funds has been distributed to 69 programming sites in 1991 and matched with more than \$8 million in State and local dollars. Additional private foundation and corporate support has increased the total funding level to more than \$20 million.

State and county 4-H youth development programs potentially reaching into every community across America are offering support for youth, families, and communities at risk. A majority of these programs can fit into the objectives of supporting *Healthy People 2000*.

## **Activities for Special Populations**

National 4-H Council activities target improvements in the well-being of youth. Specifically, in 1990, approximately 435,000 low-income youth participated in Extension's Expanded Food and Nutrition Education Program (EFNEP). Participants learned topics such as food safety, choosing healthy foods, meal planning, food storage and sanitation, fitness, avoiding substance abuse, and home safety for latchkey children. Another aspect of EFNEP involves working with pregnant teens to help them have healthy babies. Additionally, a renewed two year grant for Communities for Child Safety working in high-risk populations has been funded by the Carnegie Corporation.

## National Alliance of Senior Citizens, Inc.

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Peter J. Luciano  
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**Type of organization:** lobbying/membership.

**Year established:** 1975

**Number of current members:** 60,000

**Mission:** to promote the health, independence, and security of older Americans.

### Activities Supporting Healthy People 2000

The National Alliance of Senior Citizens (NASC) has undertaken to promote public policy research and development that addresses the changing needs of older Americans specifically as well as the entire country as a whole. We encourage public/private sector solutions to the problems the Nation faces as the population ages. This includes a health-care delivery system that relies on market incentives, consumer choice, and individual and family responsibility for health-care needs. We have worked closely with the Coalition on Smoking OR Health in the hope that we will have a smoke-free America by the year 2000. We encourage greater educational efforts, information, personnel responsibility, prevention, early intervention, and treatment as a means to address the long term health needs of all Americans.

We will work diligently in the promotion of these goals in the community, as well as State and national legislatures.

### Activities for Special Populations

National Alliance of Senior Citizens' activities target improvements in the well-being of older people.

# National Association for Public Employee Wellness

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**Type of organization:** organization of health promotion professionals who conduct programs for public employees.

**Number of current members:** 100

**Mission:** to promote and strengthen public employee wellness programs through communication and exchange of program leaders' expertise.

## Activities Supporting Healthy People 2000

The National Association for Public Employee Wellness (NAPEW) includes members who administer a variety of worksite health promotion programs at State and local government levels. These programs aim directly at the reduction of lifestyle health risk factors through education, prevention, early detection, intervention, and rehabilitation.

Keynote presentations on the goals and objectives of *Healthy People 2000* have been included in NAPEW's first two national conferences. In addition to the many programs of its members that are directed at several of the specific *Healthy People 2000* objectives, NAPEW has participated in the development of a compendium of successful traffic safety programs under a National Highway Traffic Safety Administration (NHTSA) grant, and issued a public resolution, "In Support of the Right to Breathe Clean Air in the Workplace."

## Activities for Special Populations

While the programs administered by NAPEW members serve an employee constituency, some activities involve parenting, eldercare, employee assistance program (EAP) services for the family, and education regarding special health concerns for minority employee members. The public health programs of the State and local governments that our members serve address specific objectives for the improvement of the health and well-being of special populations.

## Planned Activities

NAPEW will participate in the work of the National Coordinating Committee on Worksite Health Promotion. This involvement will assist NAPEW in maintaining a focus on the goals and objectives of *Healthy People 2000* in future conferences, newsletters, and other networking services.

## National Association of Childbearing Centers

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**Type of organization:** trade association.

**Year established:** 1983

**Number of current members:** 315

**Mission:** to promote excellence and cost efficiency in the operation of freestanding birth centers and to make birth center services available in every community.

### Activities Supporting Healthy People 2000

The National Association of Childbearing Centers (NACC) is expanding the development of freestanding birth centers in an effort to address the following problems in the delivery of care to all women and childbearing families today:

- Availability of primary care services to all women;
- Access to acute care as needed for problems that arise;
- Affordable care particularly for the uninsured;
- Education intensive program that promotes self-sufficiency; and
- Quality assurance in the services provided.

Healthy people begin with a healthy pregnancy and birth. To that end, affordable, education intensive, high quality, primary care services, with access to acute care as needed, must become available to all women. The freestanding birth center, staffed by midwives working in collaboration with medical specialists, has proven to be safe, satisfying, and cost effective. It is logical for pregnant women to enter the care system at a primary care level where they participate in an education intensive health program that promotes self sufficiency; where the pregnancy will be carefully monitored; and where mechanisms have been developed for consultation, referral, and transfers to other levels of care. NACC publishes a newsletter that reports on the progress of the development of these services. It conducts annual surveys on outcomes, charges, staffing patterns, and other indicators of birth center operations.

NACC serves as a center for information on birth centers and offers workshops and seminars to help governments, institutions, and individuals explore the feasibility of establishing a birth center in their community. NACC also provides information for parents seeking birth center services. Three new birth centers have been established (two in 1990) in New York, Florida, and California, specifically for women who have experienced difficulty in gaining access to the health-care system.

Educational programs are annually provided to operating centers to improve birth center programs and practice. The 1990 program focused on how to provide access to care for everywoman and was held in the southeast Texas border town of Brownsville where three freestanding birth centers (two attached to community health centers) have provided accessible care for thousands of women for more than a decade.

A major research effort consisting of a prospective, descriptive study of more than 11,000 admissions to 84 birth centers was published in the *New England Journal of Medicine*. NACC is currently conducting research on vaginal birth after cesarean section (VBAC) in freestanding birth

centers. An on-going program of the Association is the public education of the benefits of care of healthy women in the non-acute care setting.

NACC played a major role in the development of the Community-Based Nurse-Midwifery Education Program. This program makes it possible for States, institutions, and individuals to support the education of nurses in midwifery to meet the staffing needs of underserved areas that have never had services or where physicians have stopped providing obstetrical services. In the first year of this program, enrollment was increased fourfold. In the second year, enrollment increased eightfold. The program also has a strong potential for retaining primary care providers in the underserved areas where they have lived and where they were educated in nurse-midwifery.

## **Planned Activities**

In the next decade NACC will continue to educate policy makers, providers, payers, and the public at large about the benefits of the program of care offered by freestanding birth centers. NACC will continue to monitor the development of the birth center concept and encourage experimentation. NACC will also continue expanding the program of care in birth centers through collaboration with providers of other services, and through cooperation with other institutions and agencies. Finally, NACC will seek to work with the other organizations and institutions in the formation of a Commission to study how best to meet the need to educate 10,000 nurse-midwives by the year 2000.

## National Association of Children's Hospitals and Related Institutions

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**Type of organization:** voluntary association of children's hospitals.

**Year established:** 1968

**Number of current members:** 113  
hospitals

**Mission:** to promote the well-being of children through support of children's hospitals and related institutions committed to excellence in child health care. It shall do so through advocacy, the dissemination of information, research and education, and other activities of value to children and the institutions that serve them.

### Activities Supporting Healthy People 2000

In March 1991, following a challenge by Dr. Antonia Novello in her keynote address to the Association's annual meeting, the National Association of Children's Hospitals and Related Institutions (NACHRI) made a formal resolution to embark on a campaign toward achieving the *Healthy People 2000* objectives for infants, children, and adolescents. Children's hospitals across the country are joining what NACHRI is calling the Healthy Children 2000 campaign. Nearly 200 pediatric objectives were extracted from *Healthy People 2000* and compiled into a NACHRI-specific document that has been distributed to member hospitals. A presentation to the Surgeon General is planned to signify members' commitment to the task. Annual initiatives will include educational sessions for members, a how-to manual for hospital staff involvement at the community level, reports of members' activities and accomplishments on specific health objectives, newsletters, and fact sheets sent to members.

NACHRI's 1991 initiative focused on immunization and vaccine-preventable diseases in collaboration with the Immunization Education and Action Committee. Medical directors of member children's hospitals were sent an issue paper, an immunization fact sheet, a survey of activities, the immunization objectives from *Healthy People 2000* priority area 20 (Immunization and Infectious Diseases), and a letter from Dr. Walter Orenstein of the U.S. Centers for Disease Control (CDC) encouraging their attention to barriers and missed opportunities in immunization practice.

NACHRI was active with the Children's Action Network and the American Academy of Pediatrics in involving member hospitals in the September 1991 national immunization week activities. *Healthy Kids - Give it a Shot* is a how-to manual developed by NACHRI for its member hospitals' active participation in the national immunization project. Targeted to the CEO, medical director, nurse administrator, social work director, government, and public relations directors, this handbook provides basic tools to help children's hospitals organize immunization campaigns that respond to specific community needs.

Member education occurs through NACHRI publications and presentations at specialty meetings throughout the year and at semi-annual meetings of the Association.



## Activities for Special Populations

NACHRI activities are directed at improving the well-being of children.

### Planned Activities

At NACHRI's October 1991 annual meeting, illustrations of Healthy Children 2000 activities in individual member hospitals were highlighted in an educational presentation titled "Children's Hospitals: Reaching Beyond Their Walls to Promote Healthy Children." Specific *Healthy People 2000* objectives were tied to each presentation to demonstrate practical applications of efforts to achieve the objectives for children.

In its second annual initiative in the Healthy Children 2000 campaign for 1992, NACHRI will focus on injury prevention and build upon member's efforts underway within the children's hospitals targeted toward accident and injury prevention. Through distribution of fact sheets, generic public service announcements, issue papers, educational programming, and technical assistance to member hospitals on how to work on specific objectives related to preventing accidents and injury, NACHRI will facilitate attainment of objectives at the community level. NACHRI will provide continuing member education on the specific *Healthy People 2000* objectives relevant to the annual initiative.

NACHRI's Council on Child Health, along with its subcommittees (Committee on Children with HIV Infection and the Advisory Group on Children of Substance Abuse), will include in their annual work plan specific activities to implement selected objectives related to infants, children, adolescents, and children's hospitals.

## National Association of County Health Officials

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**Type of organization:** public health professional association.

**Year established:** 1985

**Number of current members:** 460

**Mission:** to improve the capacity of health departments to: assess local health needs; develop public health policies; and ensure delivery of needed community services. The National Association of County Health Officials (NACHO) is the national voice of County Health Officials. NACHO pursues excellence in public health practice and promotes partnerships among State, Federal, and local agencies. NACHO provides a forum to develop technical competence, managerial capacity, and leadership potential of public health officials.

### Activities Supporting Healthy People 2000

The NACHO president and other officers and members have participated on several discussion panels specifically regarding Healthy People 2000 at a number of conferences, including: the 1991 ASTHO Annual Conference; the 1991 NACo Annual Conference; the 1991 APHA Annual Conference; the Grantmakers in Health Conference; and a variety of State Associations of County Health Officials conferences.

The Assessment Protocol for Excellence in Public Health project, a major undertaking of NACHO, continues to support the achievement of the goals *Healthy People 2000* by promoting both community health assessments and departmental capacity assessments.

NACHO members are actively serving on several Healthy People 2000 Committees including the Objective 22.1 Committee and the Environmental Health Work Group. Many NACHO members are actively participating in their State's Year 2000 Objective Work Groups; NACHO supports this and provides a forum for sharing the outcomes of these projects.

NACHO is currently looking into projects regarding objective 8.14 (effective public health systems) specifically to develop baseline data and a system for surveillance of this objective.

# National Association of Governors' Councils on Physical Fitness and Sports

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**Type of organization:** professional association using volunteers and State Government employees.

**Year established:** 1979

**Number of current members:** 800-1,000

**Mission:** to work with State governments to help establish and maintain governors' councils in all 50 States, five Territories, and the District of Columbia. Currently 34 States and one U.S. Territory have Governors' Councils on Physical Fitness and Sports.

The National Association of Governors' Councils on Physical Fitness and Sports (NAGCPFS) provides technical assistance, position papers, a national strategic plan, and nationwide events to promote fitness at all levels of local and State government. NAGCPFS cooperates with related agencies to support fitness for corporate employees, youth, adults, and seniors.

## Activities Supporting Healthy People 2000

NAGCPFS is a proactive organization providing assistance to all 50 States, five Territories, and the District of Columbia to support the formation of governors' councils and promote regular physical activity among all citizens. Such activities include newsletters, position papers, nationwide events, State recognition awards of leaders, annual meetings, and a national strategic plan. The organization works with all agencies within local, State, and Federal sectors to promote fitness.

Helping achieve *Healthy People 2000* objectives, NAGCPFS has:

- Worked closely with the U.S. Department of Health and Human Services, the President's Council on Physical Fitness and Sports, the U.S. Department of Education, the U.S. National Institutes of Health (NIH), and the U.S. Department of Labor to promote all aspects of physical fitness as it relates to the missions of all the governmental agencies;
- Disseminated the physical activity section of *Healthy People 2000* to all governors' councils and suggested that additional copies be made available to related groups within each State, i.e., education departments, schools, health agencies;
- Supplied copies of PL 101-582, Year 2000 Health Objectives Planning Act, to all State governor's councils representatives so that they could seek to be the designated lead State agency to gather data on fitness levels of State citizenry; and
- Planned work sessions in States without governors' councils on physical fitness and sports so that all State agencies can understand the value of State governor's councils on physical fitness and sports and how such councils can provide prevention ideas and health promotion events for each State.

In addition, we have continued nationwide events, such as National Employee Health and Fitness Day, cosponsored with the Association for Fitness and Business, that promotes worksite fitness for corporate employees. NAGCPFS provides all the materials, technical support, and coordination efforts for National Employee Health and Fitness Day. This event runs concurrently with Federal Fitness Day, which is sponsored by the Federal Interagency Health and Fitness Council, and promotes worksite fitness for the public sector employees.

We have planned annual national meetings attended by all governors' council members to receive information and skills in fund raising, dissemination of national policies, event planning, volunteer recruitment, and political understandings of elections, which are transferable to State governor's councils. Cluster meetings, a periodic gathering of geographically nearby States, are encouraged throughout the year.

We also provide monthly updates of national fitness items to encourage State replication of information and events.

## **Planned Activities**

We will continue efforts to complete the goal of having 50 State, five Territories, and the District of Columbia governor's councils of physical fitness and sports to promote all the objectives noted in *Healthy People 2000*. We will also continue our efforts in technical assistance and support to all States, Territories, and the District of Columbia involving annual report development, dissemination of health promotion and disease prevention fitness-related materials, fund raising skills, grant proposal assistance, and other areas that will strengthen the network from the Federal government, to State government, to local government.

Closer cooperation with Federal and State health agencies that are charged with promoting fitness is planned. These agencies include, but are not limited to health departments, institutions of higher education, State instruction departments, professional associations, medical societies, public health organizations, corporations, and volunteer organizations.

We intend to provide additional national models to promote fitness that can be replicated at State and local levels of government and demonstrate that public and private sector efforts to promote fitness through State governors' councils on physical fitness and sports are effective and cost saving to the public and a valuable resource to each State, Territory, and the District of Columbia.

We also intend to continue promotion of legislative fitness days, conferences, production of materials that highlight the objectives of the Nation and promote healthy lifestyles. The Association will develop strategies using the health objectives as a method of promoting cost containment of health-related issues affecting State and local governments.

## National Association of Pediatric Nurse Associates and Practitioners

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**Type of organization:** nurse practitioner professional association.

**Year established:** 1973

**Number of current members:** 3,200

**Mission:** to provide a professional home for specialty nurses in advanced practice providing health care to people ranging in age from infants to young adults.

### Activities Supporting Healthy People 2000

The National Association of Pediatric Nurse Associates and Practitioners (NAPNAP) endorses the goals of *Healthy People 2000* and specifically is targeting the goal to enhance the rate of immunization in the U.S. through education and publications.

### Activities Supporting Special Populations

NAPNAP has many programs to reach special populations. For example, NAPNAP is active in the USDA Breast Feeding Promotion Consortium striving to increase the rate of breast feeding in the U.S. and specifically among WIC recipients. NAPNAP is also a member of the Healthy People 2000 Consortium with specific goals to decrease infant mortality, increase breast feeding, and increase the rate of immunizations.

NAPNAP's task force on Access to Care has addressed the need for universal access to health care. Many NAPNAP members work in underserved areas including public health clinics and schools. Children in poverty and handicapped clients are served by Pediatric Nurse Practitioners (PNP). Other PNPs work with adolescents in efforts to combat drug abuse, smoking, and teenage pregnancy.

## National Association of Secondary School Principals

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**Type of organization:** professional organization composed of principals and school administrators in middle schools and high schools throughout the country.

**Year established:** 1916

**Number of current members:** approximately 40,000

**Mission:** to serve principals and school administrators in their role as educational leaders. The National Association of Secondary School Principals' (NASSP) Vision Statement states: "In setting the educational agenda for the 21st Century, NASSP will assist principals and other school leaders in improving the conditions under which schools are organized for effective teaching and learning."

### Activities Supporting Healthy People 2000

Among the Association's seven goals for the 1990s is Goal 2: "NASSP, as a leading advocate for youth, will enable each young person to have equal opportunity to learn and develop to his or her fullest potential." Among the objectives to achieve this goal are:

- Support legislation and increased funding for early childhood education at the Federal and State levels;
- Encourage community-based parenting education and community-based child care centers in concert with the schools; and
- Assist schools in coordinating efforts with State and Federal agencies to address issues such as adolescent health, violence, etc.

# National Association of State Alcohol and Drug Abuse Directors National Prevention Network

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**Type of organization:** professional association. The Association represents the directors of State Alcohol and Other Drug Abuse (AODA) agencies in each of the 50 States, the District of Columbia, and the U.S. Territories.

**Year established:** 1978

**Number of current members:** 56

**Mission:** to foster and support the development of effective AODA prevention and treatment programs throughout every State and Territory in the United States. The Association provides a focal point for Federal agencies, the Congress, private organizations, and individuals in their dealings with the State Alcohol and Drug Abuse Agencies.

## Activities Supporting Healthy People 2000

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network (NPN) are active members of the Healthy People 2000 Consortium. We concentrate on educating our membership about Healthy People 2000. The avenues that have been used for information dissemination include: articles in the newsletters *Alcohol and Drug Abuse Report* and *NPN Network News*, presentations conducted as part of the annual meeting, and periodic alerts to the membership.

Under contract with the U.S. Alcohol, Drug Abuse, and Mental Health Administration's National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse Prevention (NIDA), NASADAD prepares the State Alcohol and Drug Abuse Profile (SADAP) report. This analysis of State resources and services related to alcohol and other drug abuse problems is gathered via the State AODA agencies. This annual data collection effort provides a broad spectrum of fiscal, client, and other service data.

## Activities for Special Populations

NASADAD has a Special Populations and Issues committee that focuses attention on the needs and services of special populations. In addition, in collaboration with the Office for Treatment Improvement (OTI) and the State AODA agencies, NASADAD has participated in the development of a comprehensive State planning process to ensure access to alcohol and drug treatment programs for traditionally underserved people (objective 4.12).

## Project for Addiction Counselor Training

The Project for Addiction Counselor Training, PACT, is sponsored by OTI. PACT was created to enable more individuals seeking treatment to have access to that treatment by increasing the number of credentialed counselors nationwide.

Tuition-free training opportunities that include coursework as well as internship experiences are provided to eligible PACT applicants (priority given to people from minority and special populations) through training vendors across the country. All training services delivered meet

individual State requirements and full documentation of these services is maintained through the PACT Training Data System.

### **Planned Activities**

The 1992 NPN Annual Meeting theme will focus on *Healthy People 2000*. The meeting will showcase State initiatives that address the health objectives for the Nation. The NASADAD will continue to work with its members to publicize Healthy People 2000 goals and to help States share information on their programs in meeting the goals through forums such as the NASADAD annual meeting, special surveys, and conferences.



# National Association of State Boards of Education

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**Type of organization:** educational membership association.

**Year established:** 1956

**Number of current members:** 650  
individuals

**Mission:** to strengthen State leadership in educational policy making; promote excellence in the education of all students; advocate equality of access to educational opportunity; and ensure continued citizen support for public education.

## Activities Supporting Healthy People 2000

The National Association of State Boards of Education (NASBE) is committed to assisting with all aspects of the growth and development of children and youth—educationally and in terms of their physical, social, mental, and emotional health. As an HIV/AIDS prevention grantee of the Division of Adolescent and School Health of the U.S. Centers for Disease Control (CDC), NASBE is working to foster comprehensive policies and programs at the national, State, and local levels to promote the health of children and youth. We work to prevent youth from acquiring the constellation of negative behaviors that put them at risk of failing school, incurring health deficits, or otherwise inhibiting their opportunity to lead productive and satisfying lives. We believe this can best be achieved through community-based, multi-faceted, collaborative programs. Schools should be structured to promote health and provide personalized education; schools should be linked with medical care providers, human service agency professionals, parents, community organizations, and State and local governments.

Our approach is in line with the *Healthy People 2000* objectives concerning the provision of effective and comprehensive school health education in every grade (objective 8.4) 2.19, 3.10, 4.13, 7.16, 8.4, 9.18, 18.10, and 19.12) including daily school physical education (objective 1.8), nutrition education (objective 2.19), tobacco use prevention (objective 3.10), alcohol/drug use prevention (objective 4.13), nonviolent conflict resolution (objective 7.16), injury prevention (objective 9.18), HIV prevention (18.10), and sexually transmitted disease prevention (19.12). Our emphasis on school/community coalitions supports objective 8.10 concerning expansion of community health promotion efforts. The comprehensive nature of our preventive efforts also encompass objectives concerning provision of services for nutritious school meals (2.17), high quality mental health care (6.14), oral health care (13.12), appropriate primary and secondary medical care (17.15 and 17.20), and immunization (20.13). Other objectives addressed include tobacco-free school environments (3.10), sexuality education at home or school (5.8), increased high school graduation rates (8.2), improved family communication (8.9), reducing the proportion of sexually active youth (18.3), and increasing the use of condoms by sexually active youth (18.4b).

### **School Policy Making**

As a part of its routine core activities, NASBE prepares State board of education members to effectively promote State policies and programs supporting school and community programs to reduce high-risk behavior among children and youth.

### **Demonstration Projects**

In 1990, NASBE and the Division of Adolescent Health of the American Medical Association (AMA) jointly sponsored the National Commission on the Role of the School and Community in Improving Adolescent Health, which produced a landmark report, *Code Blue: Uniting for Healthier Youth*. Its recommendations concerning the need for school restructuring and comprehensive school/community coalitions for child health and development are currently being implemented in demonstration projects in four States (California, Michigan, Washington, and West Virginia) and several communities. Assistance is being provided with identification of financial resources, State-level research and policy analysis, issues conferences, and project planning and development.

### **Legislative Advocacy**

NASBE works closely with the National Conference of State Legislatures (NCSL) to help educate State legislators on building links between health, human services, and education programs to make preventive services more efficient and effective.

### **School Policies Concerning HIV/AIDS**

State and local boards of education have been provided with resources and technical assistance in the development of policies concerning HIV-infected students and staff. In particular, the publication *Someone At School Has AIDS* has been widely used by education policy makers.

### **State Policy Surveys**

The Council of Chief State School Officers (CCSSO) and NASBE have jointly conducted surveys of States to compile information about the status, characteristics, and content of State-level HIV prevention and school health education policies and programs. Similarly, NASBE and the Council of Great City Schools (CGCS) jointly compile information about HIV prevention education policies and programs in the nation's largest school districts. These activities support objective 22.2 concerning the development of national data sources to help assess progress towards meeting the Nation's health objectives.

### **Professional Education**

In coordination with several universities and national organizations, NASBE has been studying the nature and viability of interdisciplinary clinical practice schools, in which future youth-serving professionals (e.g., teachers, counselors, nurses, pediatricians, social workers, and nutritionists) train together to work cooperatively in teams.

### **Collaboration**

NASBE actively works with other national organizations studying similar issues, including the National Commission on Children, the Office of Technology Assessment (OTA), the Institute of Education Leadership (IEL), the Commission on Infant Mortality's National Health/Education Consortium, the Carnegie Council on Adolescent Development, the National School Boards Association (NSBA), the American Association of School Administrators (AASA), the American Federation of Teachers (AFT), the American Association of Health Educators (AAHE), the Children's Defense Fund, the American Academy of Pediatrics (AAP), and the American Red Cross.

## **Activities for Special Populations**

NASBE activities target improvements in the well-being of school-aged children.

### **Planned Activities**

In general, NASBE intends to continue developing the various activities outlined above, with particular attention to achieving significant progress on the State and local demonstration projects for school/community health. Meanwhile, the organization remains sensitive about and responsive to changes in the national policy environment.

A potential future initiative is to engage with the America 2000 program of the U.S. Department of Education to encourage the adoption of specific objectives and status indicators concerning child and youth growth and development to supplement those being identified for academic subjects. Two national goal setting efforts, one by the U.S. Department of Health and Human Services and the other by the U.S. Department of Education, are being pursued simultaneously yet separately. Coordination between the two would be in everyone's interest.

## National Association of State Nutrition Education and Training Program Coordinators

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**Type of organization:** professional association. The National Association of State Nutrition Education and Training Program Coordinators represents the Coordinators of the Nutrition Education and Training Program in each of the 50 States, the District of Columbia, and the U.S. Territories and possessions.

**Number of current members:** 100

**Mission:** to link State Nutrition Education and Training Program Coordinators and others in a national forum to act collectively on behalf of the NET program.

### Activities Supporting Healthy People 2000

The National Association of State Nutrition Education and Training Program Coordinators (NASNET) serves as a national forum to act collectively on behalf of the federally funded Nutrition Education and Training (NET) Program. NASNET is committed to supporting the goals and objectives of *Healthy People 2000* by promoting comprehensive nutrition education programs in schools and child care agencies, involving students, educators, parents, and child nutrition program personnel.

NASNET is striving to improve the accessibility of nutrition information and education for the Nation's children, thereby working toward achieving *Healthy People 2000* objective 2.19. Individual members are coordinators for the NET Program in their State or Territory. The NET Program serves as the nutrition education and training component of Federal Child Nutrition Programs. NET provides for a system of grants to State education agencies for the purpose of:

- Encouraging good eating habits and teaching children the relationship between food and health;
- Training food service personnel in nutrition and food service management and encouraging the use of the cafeteria as an environment for learning about food and nutrition;
- Instructing educators in nutrition education and in the use of the cafeteria as a learning laboratory; and
- Developing appropriate educational materials and curricula.

NASNET works via a national network through which selected ideas, materials, and procedures can be communicated to people working in the NET Program. NASNET additionally acts as a resource at the request of governmental bodies and individual legislators regarding issues pertinent to the NET Program. The Association meets annually to monitor progress toward achievement of their objectives.

### Activities Supporting Special Populations

NASNET activities target improvements in the well-being of children.

# National Board of Medical Examiners

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**Type of organization:** health professional organization.

**Year established:** 1915

**Mission:** to prepare and administer qualifying examinations of such high quality that legal agencies governing the practice of medicine within each State may grant a license without further examination of those who have successfully completed the examinations of the National Board; to cooperate with and make its specialized services available to the examining boards of the States, specialty boards, and other organizations concerned with the education and qualification of personnel in the fields of health; to help medical schools, hospitals, and related organizations and institutions in evaluation of the effectiveness of their educational programs; to initiate, develop, and participate in research to evaluate the effectiveness of educational programs and techniques, and to more precisely assess the knowledge, competence, and qualification of those preparing for and continuing to assume responsibility for the health of the public; and to provide educational opportunities for professional personnel in the methods, techniques, and values of testing methods related to knowledge and competence in the broad field of medicine.

## Activities Supporting Healthy People 2000

Since 1915, the National Board of Medical Examiners (NBME) has existed as a nonprofit, independent organization that prepares and administers examinations leading to certification by the NBME, for use by State licensing authorities in the United States to grant the initial license to practice medicine. Sound medical education, appropriate clinical experience, and evaluation by examination are intended to act together to safeguard the public and prevent entry into the profession of unqualified individuals.

## Planned Activities

### The United States Medical Licensing Examination

For more than 20 years, two different examination pathways have been used by medical licensing authorities to grant the initial license to practice medicine in the United States: the Federation Licensing Examination (FLEX) of The Federation of State Medical Boards (FSMB); and the NBME certifying examinations (Parts I, II, and III). FLEX, administered by individual licensing authorities, is taken by all graduates of foreign medical schools seeking licensure in a State or Territory of the United States and is also taken by approximately one-fourth of the graduates of LCME-accredited medical schools. NBME Parts I, II, and III are taken for purposes of medical licensure by approximately three-fourths of the graduates of LCME-accredited medical schools. In early 1988, under the sponsorship of the FSMB, the NBME, and the Educational Commission for Foreign Medical Graduates (ECFMG), a coalition of voluntary medical organizations came together as a task force to discuss the concept of a single examination for medical licensure. The Proposal for a Single Examination for Medical Licensure evolved from the deliberations of the task force and its subcommittees at meetings during 1988 and 1989 and was endorsed by members of the task force at a meeting in February 1989. Development of plans for implementations of a

uniform pathway, which became known as the United States Medical Licensing Examination (USMLE), began soon thereafter. USMLE became official in August 1991, when contractual agreements were signed by the chief executive officers of the FSMB and NBME.

The USMLE will replace FLEX and NBME Parts I, II, and III during a three-year transition, from 1992 to 1994. Results of USMLE will be reported to medical licensing authorities in the U.S. and its Territories, and it is expected that all licensing authorities in the U.S. and some provinces of Canada will accept USMLE results for purposes of the jurisdiction's requirements for the initial license to practice medicine. The USMLE program is sponsored by the parent organizations, the FSMB and the NBME, and is governed by the parent organizations through a jointly appointed Composite Committee, consisting of representatives from the FSMB, the NBME, the ECFMG, and the public. The USMLE is a single, uniform examination for medical licensure in the U.S. and provides a common evaluation system against which to measure knowledge and cognitive competence of applicants for medical licensure, regardless of the source of their medical education.

The USMLE is a progressive, three-step examination, and all three steps must be completed to provide an adequate assessment for initial licensure; each step requires two days of testing. Step 1 focuses on key concepts of basic biomedical science, with a special emphasis on principals and mechanisms underlying disease and modes of therapy. The first Step one administration occurs in June 1992. Step two focuses on clinical science considered essential for practice within a supervised setting. The first Step two administration occurs in September 1992. Step three focuses on aspects of biomedical and clinical science considered essential for the unsupervised practice of medicine. The first Step three administration occurs in June 1994.

It is expected that additional assessment of skills and behavioral characteristics pertinent to physician competence will be incorporated into USMLE Steps when valid, reliable, and practical methods become available to make such assessment feasible.

### **Evaluation of Clinical Skills: the Standardized Patient and Computer-Based Examination Projects**

The NBME is committed to the development of valid and reliable techniques for the assessment of clinical skills through the use of computer-based and performance-based testing methods. At present, extensive research is underway to further develop such methods for national use by medical schools in the U.S. and Canada, and for possible inclusion in USMLE. The performance-based component of this research includes the use of trained standardized patients as a basis for testing an examinee's skills in taking a history, doing a physical examination, and communicating with patients.

Research in the use of computer-based clinical simulations for possible incorporation in USMLE is proceeding. The Computer-Based Examination (CBX) project attempts to create a simulated patient-care environment on the computer that allows capture of physicians' clinical behaviors that are important for the practice of medicine, that are not observable practically through other methods of testing, and that can be measured objectively. The design of the current CBX simulation environment was based on more than 15 years of simulation formats. CBX is designed to elicit behaviors relevant and critical to competent practice of medicine and to evaluate those behaviors as a clinically meaningful unit, the duration of a particular patient's problem.

The Standardized Patient and CBX projects are currently focusing on issues that remain to be addressed before these techniques can be implemented in a national licensure examination. These issues include the psychometric characteristics of computer- and performance-based testing methods and the logistics of implementing them in a high-stakes, large-scale, international test administration.

# National Center for Health Education

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**Type of organization:** nonprofit health education organization.

**Year established:** 1975

**Mission:** to extend the reach and power of education for health.

## Activities Supporting Healthy People 2000

The National Center for Health Education (NCHE) is a national nonprofit organization that designs and disseminates health education programs, with a particular focus on children and youth growing up in high-risk environments. Several of the National Center's activities relate directly to a number of the *Healthy People 2000* objectives.

**Growing Healthy** - The National Center manages and disseminates a comprehensive school health education curriculum for grades kindergarten through seven that now reaches more than 8,000 children in 41 States. Growing Healthy has been nationally acclaimed for its effectiveness in giving students the information and skills they need to make healthy choices. Spanning 10 content areas, Growing Healthy addresses several of the *Healthy People 2000* objectives, including the objective that calls for expansion of planned and sequential kindergarten through 12 high quality school health education (objective 8.4), as well as objectives 2.19, 3.5, 3.9, 3.10, 4.5, 4.13, 9.18.

**Parent's Guide** - The National Center, with support from Exxon and Metropolitan Life, is developing a guide for parents that will help them communicate with their children about the risks of substance abuse and HIV/AIDS. The guide, which can be used in conjunction with the Growing Healthy Curriculum or as a stand alone, will be available in spring 1991. It will help achieve objectives 5.8 and 8.9.

**Growing Healthy Manual for Decision Makers** - The National Center, with support from Sterling Winthrop, is producing a manual for school officials that will make the case for comprehensive health education broadly and the Growing Healthy Curriculum in particular. The manual will be available in winter 1991-92 and will help address objective 8.4.

**Coalition Building for Comprehensive School Health Education** - The National Center was awarded a five-year cooperative agreement from the U.S. Centers for Disease Control (CDC) to provide technical assistance to coalition building efforts organizing to support comprehensive health education in kindergarten through twelfth grade. Funded through its AIDS prevention program, CDC has targeted for this work 16 cities with high concentrations of at-risk youth. This project helps to achieve objectives 8.4, 8.10, 18.10, and 19.10.

## Activities for Special Populations

National Center for Health Education activities target improvements in the well-being of children and adolescents.

This year, in collaboration with the National Coalition of Hispanic Health and Human Services (COSSMHO), the National Center organized a national leadership conference to consider

implementation of the *Healthy People 2000* objectives in Hispanic communities. The conference was sponsored by The Prudential Foundation and the National Institute on Drug Abuse and included policy makers and practitioners from all levels of government, foundations voluntary agencies, universities and community-based organizations.

The National Center is also planning to develop a Spanish language version of its comprehensive school health curriculum *Growing Healthy*. Our efforts to extend the reach of *Growing Healthy* by developing a Spanish language version will help address objectives 8.11 and 13.2. We expect to make available selected *Growing Healthy* materials in Spanish by early 1992.

## **Planned Activities**

The National Center will continue development of existing programs and will work on other projects that support Healthy People 2000:

**Health Education for Youth in Community Settings** - The National Center is working with the "I Have A Dream" Foundation (IHAD) to develop a peer leadership program that will infuse health education and life skills instruction into IHAD's ongoing programs for high-risk youth. This project, funded by the Metropolitan Life Foundation's Project Reach, will address objectives 5.6, 5.8, 8.10, 18.4, and 19.10. We are also seeking to address these same objectives, as well as those regarding school-based health education, by developing design principles for model health education programs targeting adolescent girls.

**Paying for Prevention** - The National Center and the State of New Jersey are planning to develop a pilot project that would use New Jersey's authority to set reimbursement rates to finance an enhanced set of health education and prevention services for poor children and families and to monitor the impact of these services on inappropriate use of hospital emergency rooms and in-hospital care. This experiment in prevention financing would help address objectives 21.2, 21.3, 21.4, and 21.5.

**Comprehensive School Health Education for Children in Middle School** - The National Center is seeking to develop a middle school component for *Growing Healthy*, which now ends at seventh grade. This effort will address objective 8.4.

**Health Education for Pre-school Children** - The National Center is also looking to extend *Growing Healthy*, which begins at the kindergarten level, by developing a component for children aged three to five years. This would help achieve objective 8.3.



# National Civic League

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**Type of organization:** voluntary, civic, nonpartisan organization.

**Year established:** 1894

**Number of current members:** 950

**Mission:** to help individuals, groups, and sectors learn how to act together to address community challenges. We seek to show local people how to work collaboratively, breaking down the powerful barriers of distrust and replacing them with bridges of understanding. We are an advocacy organization; we pursue our goals through three main strategies: education, technical assistance, and research.

## Activities Supporting Healthy People 2000

The National Civic League (NCL), through the National Healthy Communities Initiative, works to help communities achieve the *Healthy People 2000* objectives. The Initiative, using a broad definition of health, works to raise health standards in communities. Using a collaborative problem-solving model, communities can address a wide range of health objectives and remain healthy even when challenges arise.

To achieve improvements in the health status of all American populations requires action from every part of society. Shared responsibility by all members and sectors of the community is a critical component of the Healthy Communities process promoted by the Initiative. The process with the greatest likelihood of achieving the community's health objectives are those that include representatives from business, schools, health professions, voluntary organizations, churches, media, and the government. Institutional and individual commitment is encouraged to achieve health objectives established by communities.

To promote the concept of shared responsibility for achieving *Healthy People 2000* goals and objectives, the National Civic League uses several mechanisms:

- Presentations at local and national meetings to describe the National Healthy Communities Initiative and how the Initiative can help communities achieve *Healthy People 2000* goals and objectives;
- Workshops at the National Civic League's annual National Conference on Governance; and
- Healthy Community efforts are a criteria for the All-America City Awards which are given annually. The Allstate Foundation-sponsored competition promotes excellence in American communities using a variety of criteria. In 1991, Winchester-Frederick County, Virginia received the All-America City Award for a healthy community project.

The National Civic League addresses collaborative problem-solving and Healthy Communities in issues of the League's monthly newsletter *Civic Action* and its quarterly policy journal *The National Civic Review*.

The National Civic League is currently preparing a handbook that will serve as a tool for communities to use when implementing Healthy Communities projects. The handbook will outline in working style the "Healthy Communities Process" that can be used to establish health priorities for individual communities. The process helps communities to define health and health objectives, using *Healthy People 2000* as a guide, and to implement a plan that will help

accomplish the goals established. The benefit of the “Healthy Communities Process” is that it allows communities to address as many or as few health goals as they decide are appropriate given their resources.

In addition, the NCL is working toward achieving the objectives of one specific *Healthy People 2000* priority area—Environmental Health. The National Civic League is preparing a handbook and workshops to train community leaders to reduce radon health risks. The NCL tools will include information on construction standards and techniques (11.12) and disclosure of radon concentrations in buildings (11.13). The tools will also include information on testing and tracking of radon levels.

## **Planned Activities**

The National Civic League will continue to work with communities using the mechanisms described above and will also work on the following projects, all of which use the *Healthy People 2000* goals and objectives as their guide:

- **Healthy Communities Action Project** - The Action Project is a year-long, four session project for cities undertaking Healthy Community projects. The Project is intended to stimulate a network of Healthy Communities projects through the four training sessions and individualized technical assistance.
- ***Healthy Communities Handbook*** - The Handbook will be a working tool for communities to use as they establish health goals and objectives for themselves, and a guide to the implementation of programs to achieve those goals.
- Continued publication of Healthy Communities Initiative information in *Civic Action* that will feature community projects successfully achieving *Healthy People 2000* goals and objectives.

# National Coalition of Hispanic Health and Human Services Organizations - COSSMHO

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**Type of organization:** voluntary health organization.

**Year established:** 1973

**Number of current members:** 1,000  
(Network: 3,500)

**Mission:** to improve the health and psychosocial well-being of the Nation's Hispanic population.

## Activities Supporting Healthy People 2000

COSSMHO is one of four minority organizations to receive a cooperative agreement from the U.S. Public Health Service to help implement the *Healthy People 2000* objectives. COSSMHO works towards this goal by:

- Responding to information requests from its members and others about Healthy People 2000;
- Publicizing Healthy People 2000 in *The Reporter* - its quarterly newsletter;
- Discussing Healthy People 2000 and the Hispanic component objectives at health conferences (including the American Public Health Association annual meeting);
- Producing a slide show on Hispanic Healthy People 2000. This slide show will be disseminated to COSSMHO members and used in speaking engagements;
- Developing a publication for Hispanic elected officials, titled *Health Objectives: A Hispanic Prevention Agenda*; and
- Convening a conference for Hispanic health leaders on Healthy People 2000.

## Activities for Special Populations

COSSMHO activities target improvements in the well-being of Hispanic people.

## Planned Activities

COSSMHO will continue to work on encouraging the implementation of Healthy People 2000 by:

- Speaking about *Healthy People 2000* and the Hispanic targets at a minimum of 12 conferences;
- Exhibiting on Hispanic Healthy People 2000 at a minimum of two public health meetings;
- Conducting three workshops on model Hispanic disease prevention and health promotion programs at the COSSMHO biennial conference in March 1992;
- Awarding the second biennial "Prevention Award" for exemplary work in Hispanic disease prevention and health promotion;
- Providing technical assistance to key members who will be speaking about the health objectives using the COSSMHO Health Objectives slide show;
- Providing leadership among national organizations attempting to develop programming targeting Hispanics in the area of disease prevention and health promotion; and

- Writing a booklet on *Developing Culturally Relevant Health Education Materials for Hispanics*.

# National Committee for Prevention of Child Abuse

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**Type of organization:** voluntary health organization.

**Year established:** 1972

**Number of current members:** 67 chapters located throughout the United States that use more than 200,000 volunteers annually.

**Mission:** to prevent child abuse.

## Activities Supporting Healthy People 2000

The National Committee for Prevention of Child Abuse (NCPCA) is deeply committed to the overall principal and specific objectives of *Healthy People 2000*. Our efforts, as outlined below, include actions by our national staff, chapter affiliates, and private and corporate partners.

With respect to objective 7.4 (reduce child abuse), the National Committee:

- Developed and disseminated national media campaigns on both verbal and physical abuse. Our campaign on verbal abuse received more than \$75 million worth of exposure on national and local television, radio, and print media.
- Conducted annual public opinion polls to measure changes in parental use of yelling, swearing, spanking, and hitting as means of discipline. The 1991 data indicate that compared to 1987, 11 percent fewer parents are yelling or swearing at their children and 12 percent fewer are spanking their children.
- Co-sponsored, in partnership with others, national conferences to abolish corporal punishment in the schools. Since our initial meeting in 1988, nine States have passed legislation banning the use of corporal punishment, bringing the total number of States with such legislation to 22.

With respect to objectives 7.13 and 7.14 (unexplained child death review committees and services for victims), the National Committee:

- Conducted annual surveys of child welfare administrators in all 50 States to determine the scope of the maltreatment problem and relevant changes in policy, particularly with respect to child death review committees and therapeutic interventions for abused and neglected children.
- Developed an extensive working paper summarizing the service components and characteristics proving most successful in remediating the effects of maltreatment with children. This paper has been widely distributed throughout our prevention network.

With respect to objective 7.16 (conflict resolution) the National Committee:

- Developed a special edition of the *Spiderman* comic book for school children highlighting the importance of developing alternatives to hitting in resolving conflicts. A teacher training manual on using the comic as a teaching tool also was developed and disseminated. In addition, workshops on the importance of conflict resolution are included in all of our corporal punishment conferences.

With respect to objective 4.12 (alcohol and drug treatment) the National Committee:

- Sponsored a three day symposium in association with the Johnson Foundation and Conrad Hilton Foundation to develop an approach to addressing the joint problems of substance abuse and child abuse. Preparation for this conference included the development of a comprehensive literature review on the subject and a survey of all 50 States regarding the extent to which their substance abuse treatment programs integrate parenting education and parent support services.

## Activities for Special Populations

NCPCA activities target improvements in the well-being of children.

### Planned Activities

NCPCA will continue several of the efforts outlined above. Specifically, we will continue to launch national media campaigns on a bi-annual basis; conduct annual public opinion polls to monitor changes in parental behavior and attitudes; conduct an annual survey of child welfare administrators; and co-sponsor conferences to abolish corporal punishment in the schools and expand the use of conflict mediation.

We will also place specific energy in the areas of substance abuse and violence prevention. As outlined in the organization's current Long-Range Plan, adopted in 1990, we believe that increased public awareness and effective interventions are needed in both of these areas if we are to achieve a clear reduction in levels of serious child abuse. Consequently, the coming year will include comprehensive evaluations of substance abuse treatment programs and the ability of these programs to improve parenting skills as well as to reduce the use of drugs or alcohol; increased advocacy to expand services in the areas of substance abuse prevention and violence prevention; clarification of the empirical evidence linking domestic, community, and media violence to increased levels of serious child abuse; and in-depth exploration of the public's perception of violence and its relationship to child abuse.

# National Council for International Health

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**Type of organization:** voluntary health association composed of public and private sector organizations, academic institutions, associations, individuals, and professionals working in health programs throughout the world.

**Year established:** 1971

**Number of current members:** 2,000  
individual members and 168 organizations  
and institutions

**Mission:** to improve worldwide health by providing vigorous leadership and advocacy to increase U.S. awareness of and response to international health needs. The National Council for International Health (NCIH) facilitates national and international partnerships toward this end. NCIH includes individuals and organizations in the public and private sectors worldwide who are committed to improving international health.

## Activities Supporting Healthy People 2000

The National Council for International Health, through its policy analysis and health advocacy on a wide range of international health issues, supports the goals of *Healthy People 2000* and is committed to several special initiatives including: women's health; child survival; AIDS; nutrition; and initiatives aimed at improving the health of the underserved. Through the promotion of cooperative relationships between the public and private sector, NCIH public policy and health advocacy initiatives represent a heterogeneous constituency working together on international interdependence in health. Some specific activities include: demonstrating the link between U.S. and international health needs; highlighting issues and needs around the AIDS epidemic; establishing linkages between AIDS/sexually transmitted diseases and family planning; opposing cigarette exports to the developing world; bringing noted experts in the international health field to share experiences with our members; expanding the constituent base for international health in the U.S.; and generating media coverage of international health issues.

On December 10, 1991, the NCIH Governing Board approved a new strategic plan, that includes the following:

- International Health Leadership and Advocacy - Increase the public and private sector commitment to meeting a broad range of international health needs;
- International Partnerships and Networking - Work with U.S. and non U.S. individuals and organizations to improve international health;
- Information and Policy Analysis - Develop, analyze, and disseminate information and data on international health and related issues; and
- Education for International Health Professionals - Encourage, develop, and provide educational and training programs for the benefit of members.

## **Activities for Special Populations**

NCIH is currently in the process of planning policy initiatives and public education on women's health issues, and an international conference scheduled for June 14-17, 1992, entitled "Improving the Health of Underserved Populations: A Global Partnership."

## **Planned Activities**

NCIH is planning to incorporate in the NCIH monthly newsletter, *Healthlink*, highlights of Healthy People 2000 issues most relevant to the international community. NCIH will also publish an improved *Directory of U.S. Based Agencies Involved in International Health Assistance*—a reference guide for individuals and organizations.

NCIH is planning policy papers and forums on international health research priorities and requirements for the future, and will strengthen the NCIH volunteer network through increased participation on committees, seminars, working groups, and education programs. NCIH will also develop international private voluntary organization initiatives and continue assistance to indigenous nongovernmental organizations and institutions in developing countries thereby facilitating program development, cooperative partnerships, and technical support to member organizations combatting AIDS.



# National Council on Patient Information and Education

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**Type of organization:** voluntary health association.

**Year established:** 1982

**Number of current members:** 235

**Mission:** to improve the voluntary transfer of prescription drug information and education to consumers. Emphasis is placed on improving communication between health-care professionals and patients about prescription medicines so consumers are prepared with the necessary information to work with their health-care providers and to follow their medication therapy safely and effectively.

## Activities Supporting Healthy People 2000

The National Council on Patient Information and Education (NCPIE) is working to achieve two objectives of *Healthy People 2000*. The following describe activities NCPIE is undertaking to support *Healthy People 2000* medicine safety objectives:

- A September 25, 1990 press release announcing Medicine Safety Goals for the Year 2000. The press release was sent to NCPIE's 235 member organizations and more than 500 national and State health journals and trade publications.
- A lead article focusing on drug safety objectives is featured in NCPIE's 1991 "Talk About Prescriptions" monthly planning guide. The planning guide will be distributed to more than 50,000 health practitioners and health program planners.
- A reproducible article, "Better Medicine Use By the Year 2000," is being distributed to more than 350 national and State health journals and more than 130 syndicated health writers for placement in their publications.
- A feature article entitled, "Let's Expand a Vital Concept Developed and Refined by RPhs," appeared in the September 1991 issue of *Wellcome Trends In Pharmacy*. More than 76,000 pharmacists nationwide received the publication. The article cites and outlines objective 12.6 and urges pharmacists to review all the medicines their patients are taking.
- Organization of a National "Brown Bag" Medicine Review Program to support objective 12.6. NCPIE will develop, field test, print, and distribute all materials for promoting and implementing "brown bag" medicine reviews in more than 700 Area Agencies on Aging (AAA's) and 57 State Units on Aging (SUOA's). Program materials include:
  - A manual with instructions for organizing, conducting, and assessing medicine reviews at the community level;
  - Brown bags that older people may use to bring their medicines;
  - A pamphlet to attract local physicians and pharmacists to participate;
  - A consumer brochure to attract older patients; and
  - Camera-ready announcements for placement in local newspapers.

A national media campaign aimed at older people and their health professionals will urge seniors to ask their health professionals questions to avoid preventable adverse drug reactions and

inappropriate mixing of medicines. A 30-second public service television announcement, featuring a highly recognizable spokesperson, will be distributed to major networks and 500 affiliate stations in areas with a large population of older people. Companion public service print materials will be distributed to major adult consumer publications. Both announcements urge older patients taking multiple medicines to discuss their medicines with their doctor and pharmacist.

In addition, NCPIE plans to meet with U.S. Food and Drug Administration (FDA) officials to define strategies to meet objective 12.5 (use of linked systems to provide alerts to potential adverse drug reactions).

## **Activities for Special Populations**

In support of objective 12.6 (review of prescribed and over the counter medicines), NCPIE secured a grant from the Federal Administration on Aging (AOA) to organize the first national program to promote wider use of medicine reviews. Based on successful experiences with a variety of existing programs, the NCPIE/AOA project helps providers educate seniors about proper medicine use, reduce the risks of adverse drug reactions or interactions, discover duplicate or outdated medicines, review instructions for use, advise about possible side effects, and solve compliance problems.

## **Planned Activities**

NCPIE is planning three projects that will help to achieve and support objectives 12.5 and 12.6:

- Implementation of the National Medicine Review Program along with follow-up technical assistance to the Area Agencies on Aging who undertake community medicine reviews;
- Continued cooperation with the FDA on defining strategies to realize *Healthy People 2000* objective 12.5; and
- Distribution of television, radio, and print materials and follow-up to ensure widespread placements.

# National Council on Self-Help and Public Health

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**Type of organization:** voluntary association (building public/private partnerships to promote self-help).

**Year established:** 1988

**Number of current members:** 13

**Mission:** to develop partnerships between autonomous self-help groups and health and human services to enhance the well-being of people and communities. The National Council provides leadership in the self-help/public health partnership, encourages national policy and program development in self-help, and encourages the development of the grassroots, autonomous self-help movement. The Council is dedicated to improving opportunities for disadvantaged Americans to participate in their health care and to take personal responsibility for their health.

## Activities Supporting Healthy People 2000

Through their educational activities and peer support, autonomous grassroots self-help groups have become an integral element in producing the motivation that results in healthy changes in behavior. These groups, which operate without professional control, educate their members and the public about mental and behavioral disorders, promote risk-reduction activities, and offer various types of support for people affected by such disorders. Thus, self-help groups dramatically increase the number of informal helpers who reduce morbidity and disability and improve the quality of life in primary, secondary, and tertiary interventions.

As the locus of national representation for self-help, the National Council on Self-Help and Public Health (NCSHPH) is positioned to use its 40-page blueprint to implement national strategies for health promotion, health protection, and early intervention in 11 of the 22 priority areas of *Healthy People 2000*. Major emphasis will be placed on mental and behavioral disorders and health education and preventive services.

## Cooperative Relationships

The NCSHPH has developed cooperative relationships with the National Museum of Health and Medicine (NMHM), the U.S. Office of Disease Prevention and Health Promotion, the U.S. Health Resources and Services Administration (HRSA) (Maternal and Child Health Bureau and the Bureau of Health Professions), the U.S. Alcohol, Drug Abuse, and Mental Health Administration (the National Institute of Mental Health), and the U.S. Office of Minority Health, all of which emphasize the health protection/promotion and early intervention roles of self-help groups. (For a summary, send a self-addressed envelop with two stamps to Hannah Hedrick, 515 North State Street, Chicago, IL 60610.) Sample Result: the NMHM exhibition on "Depression: From Darkness to Light" contained information on self-help groups supplied by the NCSHPH and the Self-Help Clearinghouse of Greater Washington.

Council members have worked with other groups to highlight the role of self-help groups in improving the Nation's health (for example, see *Target 2000: A Newsletter of the AMA's Healthier Youth by the Year 2000 Project*, summer 1991).

Through special communications, publications, meetings, and conferences, the NCSHPH has encouraged clearinghouses and national and local self-help groups to develop cooperative relationships to pursue the *Healthy People 2000* objectives. Sample results include: *Self-Help/National Support for Culturally Diverse Children with Special Health Needs* (New York), and the Los Angeles County Department of Health Services *Health Promotion Plan* that contained a 16 page section on Self-Help Programs and Partnerships in Health.

### **Information/Education**

The NCSHPH has provided or arranged for information on self-help clearinghouses and national groups to be included in *Healthy People 2000*-related publications, the National Health Information Center database, DIRLINE, and other Federal health information centers and clearinghouses. The NCSHPH has also opened a dialogue with the Bureau of Health Professions/HRSA and with national health professions' associations about the importance of increasing the proportion of health and human service providers whose training includes information about self-help groups and who include references to groups as part of their counseling and referral activities.

NCSHPH members have provided self-help/health promotion material for national publications published by insurance companies (*Health Action*, Metropolitan Life's Healthy Living Program) and hospitals (FDR publications, *Your Health and Hospital*), to ongoing publications (*American Demographics*), and to publications emphasizing healthy living (*Special Report*).

### **Policy/Research**

The NCSHPH has encouraged the organizations with which it has established relationships to include self-help groups in their health promotion policies. NCSHPH members have used their national and local contacts to develop policies (including testimony at hearings such as those conducted by the U.S. House of Representatives Budget Task Force on Human Resources) encouraging the use of such groups to promote healthy behaviors.

Through the National Project for Self-Help Groups, the NCSHPH started a network of researchers interested in self-help; promoted research (see the November 1991 issue of *Self-Help Horizons*); published a bibliography of recent research articles on self-help groups, peer counseling, parent caregivers, support networks, and other experientially-based groups in maternal and child health; and published information on how Maternal and Child Health Bureau/HRSA programs use self-help group principles.

### **Planned Activities**

Throughout the coming decade, the NCSHPH will track implementation of the recommendations related to self-help groups and clearinghouses in *Healthy People 2000* (objective 6.8 includes mutual help groups among the resources for people coping with personal and emotional problems; objective 6.12 calls for establishing mutual help clearinghouses in at least 25 States; and objective 17.14 calls for an increase in the proportion of people with chronic and disabling conditions who receive formal patient education, including referral to mutual help resources). The NCSHPH will focus on: strengthening the American Self-Help Clearinghouse, strengthening and expanding existing self-help clearinghouses, and establishing additional statewide self-help clearinghouses.

In addition to working toward the incorporation of health protection/promotion behaviors in existing self-help groups, the NCSHPH will encourage the development of self-help groups by "well" people who wish to focus on developing and maintaining healthy behaviors, especially at the worksite (including groups for caregivers).

To communicate to the self-help community the extent and importance of the Healthy People 2000 coalition, the NCSHPH will:

- Circulate information about *Consortium News*, the *Healthy Difference* bulletin and program, and other Healthy People 2000 resources;
- Provide technical assistance to agencies wishing to incorporate self-help groups and concepts into their Healthy People 2000 activities;
- Send a list of clearinghouses to community and migrant health centers;
- Develop a *Healthy People 2000/Self-Help Groups* fact sheet for widespread distribution, such as at the 1992 International Conference on Self-Help/Mutual Aid;
- Add all Healthy People 2000 partners to the *Self-Help Horizons* mailing list;
- Disseminate *Self-Help Groups: Concepts and Applications* (Charles Press, 1992), which contains a special section on *Healthy People 2000* self-help objectives and on the contributions of self-help groups to public health and to supporting behavior change; and
- Develop a publication similar to *Self-Help Groups: A Way to Health* (National Self-Help Support Centre, London, England) related to *Healthy People 2000*.

## National Council on the Aging

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(202) 479-6677

**Type of organization:** professional membership organization.

**Year established:** 1950

**Number of current members:** 6,500

**Mission:** to promote the quality of life of older Americans. The Health Promotion Institute, a constituent unit of National Council on the Aging (NCOA), promotes the independence and well-being of older people through information on good health habits. It also assists professionals and community service organizations from a variety of disciplines to promote a wellness attitude and lifestyle for all older adults.

### Activities Supporting Healthy People 2000

The National Council on the Aging, through its constituent unit, the Health Promotion Institute, supports Healthy People 2000 through articles in monthly publications, conferences and training workshops, and a variety of programs developed for use by professionals in the fields of health and aging who work, on a daily basis, with older adults. Examples of the many ways the NCOA is addressing the objectives related to older adults include:

**Exercise Leader Training Workshop** - The workshop was presented at the 1991 NCOA Annual Conference and conducted by the American Alliance for Health, Physical Education, Recreation, and Dance. More than 65 participants received intensive training on conducting fitness assessments and safe and effective exercise programs for both well and frail older adults. This workshop is expected to be repeated for the next several years. This workshop addresses the Physical Activity and Fitness objectives.

**Nutrition Screening Initiative** - A five year campaign to promote nutrition assessment and intervention for older people in the health-care and social services systems. NCOA is one of three lead partners, along with the American Dietetic Association and the American Academy of Family Physicians. Areas of emphasis within the campaign are public awareness, professional education, and public policy. This program addresses the Nutrition objectives.

**Eating Well to Stay Well** - A nutrition booklet for older adults on how to meet their basic nutritional requirements. The booklet also addresses the impact of certain chronic health conditions on nutrition needs. This publication addresses the Nutrition objectives.

**Hypertension Education Program** (name to be announced) - Currently in development (available in spring 1992), this hypertension education program will consist of four components:

- Seminar on controlling high blood pressure;

- Guidelines for including high blood pressure education and monitoring in existing health promotion programs;

- Method for tracking blood pressure over time; and

- Health Alert* pamphlets and personal health record booklet for consumers.

This program addresses objectives under Physical Activity and Fitness, Nutrition, Tobacco, Educational and Community-Based Programs, Heart Disease and Stroke.

*Medicine Is No Mystery* - A guidebook and program kit provides group program facilitators who are not health-care professionals with a step-by-step, scripted, three part program, including hand-out materials. Participant involvement is emphasized throughout the program. Topics include communicating and establishing partnerships with health-care professionals, the importance of record-keeping, and a discussion of issues that are often problematic for older people. The guidebook also includes a facilitator's "mini course" on the issues and problems of medication management and the older adult, practical information on group program facilitation techniques, as well as suggestions for expanding the program to other topics and additional resources. The kit provides 20 Personal Health Passports and 30 consumer booklets. This program addresses objectives under Food and Drug Safety and Educational and Community-Based Programs.

Rites of Sight - Working with the American Optometric Association, we are developing a vision and aging education program to be used in group settings. The video "Rites of Sight" will be used, along with leader and participant activities and materials. The program will be available beginning fall 1991. This program addresses the Diabetes and Chronic Disabling Conditions objectives.

## **Activities for Special Populations**

NCOA/Health Promotion Institute activities target improvements in the well-being of older people.

## **Planned Activities**

Within the next year, NCOA and its Health Promotion Institute expect to continue its current activities and to develop programs that address the objectives of *Healthy People 2000* in the areas of osteoporosis, prostate disease, and environmental health.

## National Dairy Council

Tab Forgac  
NDC  
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Rosemont, IL 60018-4289  
(708) 696-1020

**Type of organization:** educational and scientific (trade association).

**Year established:** 1915

**Number of current members:** 24 member units and 300 health and education professionals.

**Mission:** to contribute to optimal health through leadership in nutrition research and education by encouraging food selection patterns that include dairy foods and other major food categories in accordance with scientific recommendations.

### Activities Supporting Healthy People 2000

The National Dairy Council (NDC), in conjunction with its member units across the country, develops a vast array of nutrition education programs and materials. These are implemented and used in local Dairy Council programs and workshops, enabling health professionals, educators, and consumers to better meet many of the nutrition-related *Healthy People 2000* objectives. A number of these programs/materials are described below.

**Lifesteps: Weight Management** - This group weight management program is conducted in the workplace. Participants learn that diet and physical activity go hand in hand in achieving safe weight loss. This program helps to meet objectives pertaining to sound dietary practices (objective 1.7) and regular physical activity (objective 1.3) as they relate to overweight. In addition, the program contributes to objective 2.20 which addresses worksite weight management programs.

**Visiting Professorship in Nutrition Program (VPN)** - Renowned researchers and faculty from universities and research institutions from around the country participate in this program. NDC works with its local members to arrange for the VPNs to share their nutrition expertise with health professionals throughout the Nation. Topics that the VPNs address, and the health objectives that these help to meet include: calcium and osteoporosis (objective 2.8); obesity (objective 1.2); nutrition during pregnancy and lactation (objectives 2.8, 14.5, and 14.6); colorectal cancer (objective 16.5); nutrition and cancer prevention (objective 16.7); diet and heart disease (objective 1.1).

**Osteoporosis: Are You at Risk?** and **All-American Guide to Calcium-Rich Foods** - These consumer publications address objective 2.8.

**Great Beginnings** - Prenatal nutrition needs are discussed in this publication. The Great Beginnings program helps to achieve health objectives 2.8, 14.5, and 14.6.

**Healthy People 2000 Health Objectives Matrix** - the National Dairy Council is encouraging member units to keep the *Healthy People 2000* objectives in mind when planning programs and activities. A program planning matrix with selected nutrition objectives has been prepared to keep the objectives accessible.

**Healthy Dividends** - This consumer booklet and leader guide address objective 2.5 (limiting fat intake to 30 percent of total calories).



*Guide to Good Eating* - The leader guide to this popular food group poster provides step-by-step lesson plans and blackline masters for use with consumers, addressing objectives 2.5, 2.6, 2.8, and 2.9.

## Activities for Special Populations

**Food... Your Choice** - This program is designed to be incorporated into the kindergarten through twelfth grade school curriculum. It helps to meet the larger health objective 2.19, which calls for nutrition education from preschool through 12th grade.

**Super You** - This program, geared to children aged 9 through 11, focuses on the importance of a healthful diet and regular physical activity. It helps to achieve objectives 1.2, 1.3, and 2.19.

**Smart Moves** - Smart Moves addresses nutrition needs and concerns of junior high students and helps achieve objectives 1.2 and 2.19.

## Planned Activities

**Calcium Campaign for Health Professionals** - NDC is planning a project that will support achievement of objective 2.8 (increased calcium intake). The five year National Calcium Education Campaign will identify key organizations to participate in a coalition that will come to consensus on calcium messages and build public awareness of the need for consumption of calcium-rich foods.

**Year 2000 and Counting!** - NDC is also developing a collection of teaching tools for use by health professionals with consumers. These tools are being designed to specifically address the *Healthy People 2000* Nutrition objectives. A poster, brochures, blackline masters, and a leader guide with activity ideas will address objectives 1.2, 1.3, 1.7, 2.5, 2.6, 2.8, 2.9, 2.10, 2.13, and 8.9.

## National Education Association Health Information Network

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**Type of organization:** educational professional association.

**Year established:** 1886

**Number of current members:** 2.1 million

**Mission:** to fulfill the promise of a democratic society, the National Education Association shall promote the cause of high quality public education and advance the profession of education; expand the rights and further the interests of educational employees; and advocate human, civil \*conomic rights for all.

### Activities Supporting Healthy People 2000

The NEA Health Information Network is currently supporting the achievement of the goals and objectives of *Healthy People 2000* through the following activities:

**HIV Education and Training Projects** - Begun in 1988, the NEA Health Information Network operates two five-year, federally funded projects to train NEA members and UniServ staff nationwide about important issues related to the effects of the HIV epidemic on schools. Topics covered in this training include HIV basics, psychosocial issues relating to the epidemic, HIV attendance and employment policies for school staff and students, effective strategies for teaching students about HIV and AIDS, the socioeconomic and cultural aspects of the HIV epidemic, discussions of effective teaching strategies for HIV and AIDS, and the effect of the HIV epidemic on minority populations. Workshop participants also receive follow-up assistance through a quarterly newsletter to keep them abreast of current relevant issues.

**Tobacco Education Programs** - The Gateway Project teaches students about the addictive properties and other health dangers of tobacco as a means of preventing any and all drug use. Several educational video segments were developed recently that can be used in classrooms and with broadcast media. The NEA Health Information Network is also working with the American Heart Association, the American Lung Association, and the American Cancer Society to disseminate information about the Smoke-Free Class of 2000 project. This project aims to educate those students who are currently in third grade—the high school graduating class of 2000—to live smoke-free lives through an ongoing series of health education lessons as they progress through school.

**The ABC's of Eyecare** - In cooperation with the Better Vision Institute and the National Association of School Nurses, the Network is co-sponsoring this national campaign to make parents aware of the importance of annual back-to-school eye examinations. An accompanying teachers guide and suggested classroom activities are available through the Better Vision Institute. The NEA Health Information Network staff recently assisted in reviewing, updating, and distributing the teachers materials.

**Straight Talk** - The NEA Health Information Network is working with Rodale Press to develop a series of quarterly health-oriented magazines for teens to be distributed through their classroom teachers. Each issue will include an accompanying discussion guide for use by the classroom

teacher. The first issue will focus on HIV and other sexually-transmitted diseases, followed by issues on self-esteem, substance abuse, and teen relationships.

*DIALOG* - This supplement to *NEA Now* is mailed quarterly to 135,000 educational leaders across the country. The latest issue of *DIALOG* focused on nutrition. Future issues will discuss injury prevention, tobacco use, and substance abuse.

Health Promotion Workshops - The Network is working with the Institute for Aerobics Research to develop workshops for educators on how to implement worksite wellness programs for school employees. The pilot session for this workshop was held August 5 - 9, 1991 in Dallas, Texas. The workshop focused on the many advantages schools have to help with implementation, including existing physical fitness equipment and onstaff physical education specialists. Certification for workshop participants is available.

Changing the Course - The NEA Health Information Network is one of several national organizations collaborating with the American Cancer Society and the Kaiser Family Foundation, who are developing a new classroom program to teach young people about ways to reduce their risk of cancer through proper eating patterns. The American Cancer Society and the Kaiser Family Foundation recently announced that schools in Pensacola, FL, Leland, MS, Oklahoma City, OK, and Hartford, CT would receive funds to demonstrate the use of the Changing the Course program. The NEA Health Information Network encouraged NEA local affiliates to work with their school districts in applying for these funds.

*National Guidelines for Sexuality Education* - The NEA Health Information Network worked with the National Guidelines for Sexuality Education Task Force, organized by the Sex Information and Education Council of the United States (SIECUS). In October 1991, the Task Force released the Nation's first guidelines for comprehensive sexuality education.

National Coalition to Support Sexuality Education - The Network is working with SIECUS and 36 other national organizations to ensure that all children and youth receive comprehensive sexuality education by the year 2000. To accomplish this, Coalition members are developing joint goals and objectives, planning strategies to facilitate national and local implementation of sexuality education initiatives, and will hold annual colloquia to review the group's achievements.

"After School Special" - The NEA Health Information Network worked with ABC Television and WGBH-TV on a special television program about how women are affected by the HIV epidemic. The program's target audience is adolescent women—a group that typically denies their possible risks for HIV. The Network helped promote viewing of the program among NEA members and their students and distributed a teachers guide, permitting easy use of the program in a classroom setting. This program was broadcast on public television on September 18, 1991, and on ABC network television as an "After School Special" on September 19, 1991.

## **Activities for Special Populations**

Many NEA Health Information Network activities are directed toward improving the well-being of school-aged children.

## **Planned Activities**

The NEA Health Information Network is planning the following future activities to support the goals and objectives of *Healthy People 2000*:

Comprehensive School Health Education Training Project - The Network has received a grant award from the U.S. Department of Education to support two, two-day training sessions about the important issues surrounding comprehensive school health programs. Topics to be covered include the theoretical background behind comprehensive school health education, the

effectiveness of comprehensive school health programs, guidelines for program implementation. The first workshop took place in Washington, DC, April 4, 1992.

*NEA Today* Coverage of Health Issues - Several health-oriented articles are scheduled to be included in upcoming issues of *NEA Today*, the Association's monthly magazine sent to all 2.1 million members of the National Education Association. Topics to be included are school involvement in student drug and alcohol recovery programs, the critical role of the school nurse in school health services, speech pathology, depression, wellness, crack-affected children, epilepsy, low birth weight babies, nutrition, and HIV and AIDS.

## National Leadership Coalition on AIDS

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**Type of organization:** voluntary health association of business, labor, and national voluntary organizations in the vanguard of establishing sound policies, ongoing education, civic support, and leadership to the HIV/AIDS epidemic.

**Year established:** 1987

**Number of current members:** 200

**Mission:** to improve the business and labor response to HIV/AIDS, and highlight emerging needs; to enhance public/private sector collaboration and stimulate greater private sector involvement in AIDS efforts, locally and nationally; and to support workplace education and resources concerning the corporate response to HIV/AIDS. The National Leadership Coalition on AIDS is the only national organization that focuses on the impact of HIV/AIDS on the business and labor sectors. The Leadership Coalition works with private sector leaders to foster a more thoughtful climate in which to address the AIDS epidemic.

### Activities Supporting Healthy People 2000

With support from a five-year U.S. Centers for Disease Control grant, the Leadership Coalition is providing outreach, technical assistance, and dissemination of recently developed materials to the minority and small business sectors. It is doing this through regional business initiatives and by attracting support from national trade and professional associations who are capable of influencing very large numbers of constituents and decision-makers. In addition, trade associations have well-established information delivery systems that can be used for the distribution of workplace information and materials.

### Activities for Special Populations

Increasing AIDS awareness and prevention activities in minority and small businesses is the focus of a five-year grant awarded to the National Leadership Coalition on AIDS in 1989 by CDC. The Leadership Coalition has done extensive needs assessments in the Hispanic and African American business communities in various cities to ascertain the resources needed regarding HIV/AIDS in the workplace. The Coalition has also made many presentations to minority audiences on workplace concerns. The Coalition provides outreach and technical assistance to minority populations on a per-request basis.

The Coalition has an advisory panel made up of representatives of minority organizations that help disseminate Coalition materials to their memberships. The organizations represented include the National Business League, the Latin American Manufacturers Association, the National Urban League, and the National Minority AIDS Council, among others.

### Planned Activities

The Leadership Coalition will alert the business and labor communities to the goals of *Healthy People 2000* during its annual conference, its co-sponsored regional conferences, in its bi-monthly Report to Members, and in the articles it submits to trade publications.

## National Medical Association

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**Type of organization:** voluntary organization.

**Year established:** 1895

**Number of current members:** 16,000

**Mission:** to raise the standards of the medical profession and to diffuse and deliver medical knowledge to all people by means of an adequate health-care delivery system.

### Activities Supporting Healthy People 2000

The National Medical Association (NMA), in conjunction with the U.S. Office of Disease Prevention and Health Promotion, designed and began implementing a community health coalition project to educate blacks on the risk factors (e.g., alcohol and other substance abuse, tobacco, poor nutrition, unprotected sex, inadequate prenatal care, stress, and environmental factors) which cause sickness, blindness, and premature death. As a result, individuals will become more aware of their responsibility to protect themselves and their loved ones. The pilot will run for three years and reach over 1.3 million people in 14 cities. Moreover, efforts are underway to continue the program through the year 2000.

### Activities for Special Populations

NMA's Healthy People 2000 program has targeted urban areas with underserved black populations to educate people regarding health issues and raise their level of care and personal involvement in their health. Team members engage in a variety of creative activities to reach adolescent, middle-aged, and older African Americans. For example, to encourage community participation, the mayor and city council chairman of one of our targeted cities were screened for glaucoma at the kick-off campaign event. In another city, a women's social club held a fund raiser in behalf of the local efforts.

**Adolescent activities:** Team members plan and participate in non-lecture presentations for young people in schools, boys and girls clubs, and other places to discuss preventive strategies for sexually transmitted diseases, teenage pregnancy, and drug and alcohol abuse. We involve teenagers by requesting their help in coordinating activities that have included "healthfest day in the park," half-time activities at school athletic games, and the creation of "health rap songs."

**Middle-aged activities:** Middle-aged people are reached through work-site programs, on-site breast examination demonstrations for women's groups, and information dissemination in beauty and barber shops, laundromats, and churches.

**Senior citizen activities:** Programs for older adults include health screenings and educational programs in senior citizen complexes, malls, and churches.

### Planned Activities

The NMA Healthy People 2000 Community Coalition will continue to go where people regularly congregate to offer information and help people make beneficial alterations to their current lifestyles. Our intervention strategies will be revised continually to maximize effectiveness in

reaching individuals at risk. At the local level, using the team approach to change systems, we work with churches, schools, clinics, social services, social clubs, restaurants, and national health organizations (e.g., Alcoholics Anonymous and Narcotics Anonymous). We will continue our use of the media and public officials to promote our efforts. We will seek to purchase our own billboard space for health promotion messages. We will continue to concentrate on ministers to ensure they provide opportunities to educate their congregations on health topics; some are already delivering sermons on healthy living, providing counseling services for alcoholics and drug abusers, and conducting on-site health fairs after service on Sunday. We will continually seek to involve the community so that the program will be a success.

## National Mental Health Association

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**Type of organization:** national membership organization.

**Year established:** 1909

**Number of current members:** 500 Mental Health Association Affiliates throughout the United States.

**Mission:** to work for America's mental health and victory over mental illness.

### Activities Supporting Healthy People 2000

The National Mental Health Association (NMHA) is the Nation's only non-government, citizens' voluntary organization concerned with all aspects of mental illnesses and mental health. Alongside 500 affiliates in 43 States and the District of Columbia, NMHA works to achieve the *Healthy People 2000* objectives by changing attitudes toward mental illnesses, improving services for people who suffer from them, promoting mental health and, ultimately, working to prevent mental illnesses.

NMHA accomplishes its mission as a force for social change through advocacy. The association maintains its capacity for informed independent action through broad-based volunteer participation and an identification with consumer interests.

At the national level, NMHA works for: compatibility between Federal programs affecting mental health including research, services, income support, education, rehabilitation, housing, manpower, and rights; the elimination of discrimination against people with mental illnesses; and the refinement of all programs that inadequately meet the needs of those with mental illnesses.

At State and local levels, NMHA affiliates recruit, train, and place thousands of dedicated volunteers in programs and activities to help current and former recipients of mental health services and their families. NMHA affiliates serve their communities by organizing self-help and support groups for consumers and family members; providing information and referral services; assisting individuals in obtaining desired services and protecting their rights; monitoring and evaluating mental health service providers; educating and lobbying elected officials about the needs of people with mental illnesses; and sponsoring public educational forums on mental health issues.

Following are a few examples of our programs at the national level:

The NMHA-developed Children's and Communities' Mental Health Systems Act was introduced in the 102nd Congress with strong bipartisan support. The proposed legislation would establish a new State grant program requiring State matching funds to develop interagency, coordinated systems of care for children and youth with serious emotional disturbance.

Mental Ill-Literacy, NMHA's first-ever national conference using interactive television, was aired on May 23, 1990 in 78 cities in 31 States. Topics covered public attitudes, panic and anxiety disorders, depressive disorders, schizophrenia, and managing the emotional implications and aftermath of war.



As part of its ongoing educational activities, NMHA's Child Mental Health Interest Group of Congressional Spouses sponsored "America's Children Under Stress: Understanding and Preventing the Consequences" in Washington, DC in spring 1991.

NMHA has coalesced with seven other national mental health organizations in launching a national public education and awareness program on depressive illness. The program, which consists of community education, women and depression, and professional development components, was unveiled at a National Conference on Depressive Illness in Washington, DC.

In the third and final year of NMHA's "Remember the Children" Mental Health Month campaign in May, record numbers of hospitals, schools, libraries, and other community organizations joined MHAs in distributing information about children's mental health issues.

NMHA has and will continue to educate our constituents about Healthy People 2000. This has been accomplished through articles in NMHA publications and those of other organizations, as well as workshop presentations during the NMHA annual meeting.

### **Activities for Special Populations**

NMHA activities target improvements in the well-being of people with mental illnesses and mental disabilities.

### **Planned Activities**

NMHA plans a multi-faceted strategy to support local implementation of the mental health and related goals of *Healthy People 2000*. The strategy will entail the following:

- Building on existing NMHA networks of individuals and groups interested in prevention and health promotion activity, NMHA plans to organize a nationwide network of people working locally to implement the *Healthy People 2000* mental health and related objectives;
- Guides and other resources to assist Network members in implementing the *Healthy People 2000* mental health and related objectives are planned for development and dissemination by NMHA; and
- Ongoing assistance to Network members in implementing the *Healthy People 2000* mental health and related objectives will be provided by NMHA's Prevention Clearinghouse.

## National Migrant Resource Program, Inc. and Migrant Clinicians Network

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**Type of organization:** specialized voluntary health organization.

**Year established:** 1975

**Mission:** to improve the health status of migrant and seasonal farmworkers through the effective application of human, technical, and information resources.

### Activities Supporting Healthy People 2000

The National Migrant Resource Program (NMRP) and Migrant Clinicians Network (MCN) has compiled a set of farmworker objectives from interviews with a broad spectrum of national migrant care experts. The resulting document, *Migrant and Seasonal Farmworker Health Objectives for the Year 2000*, provides a foundation for health promotion and disease prevention for this population. NMRP distributes copies of the *Farmworker Objectives* through its Migrant Health Resource Center.

In 1991, NMRP and MCN participated in five collaborative efforts specific to priorities identified in the *Farmworker Objectives*: the first national Farmworker Substance Abuse Prevention Conference, sponsored by the Office of Substance Abuse Prevention; meetings of experts sponsored by EPA in conjunction with the Midwest and East Coast migrant stream forums ("Identification and Treatment of Acute and Chronic Pesticide Exposure" and "Children and Pesticides"); a presentation to the National Hispanic American Conference on Substance Abuse Prevention/Treatment and HIV/AIDS ("Communities on the Move: Alcohol & Other Drug Use Among Migrants in Rural Areas"); exploration of HIV prevention and health promotion activities with the Department of Health and Human Services Division of Primary Care/Migrant Health and the Division of Special Populations Program Development; and the 5th Annual Region IV Primary Care Leadership Conference ("Current Issues in Migrant Health").

NMRP and MCN worked with the U.S. Health Resources and Services Administration's Bureau of Health Care Delivery and Assistance (BHCD) and the Interagency Committee on Infant Mortality to convene focus groups at each 1991 migrant stream forum that discussed objectives and methodologies for a study to assess the validity of reported data on infant mortality among Hispanics in the U.S., in keeping with the maternal and child health section of the *Farmworker Objectives*.

MCN formed its Ad Hoc Committee on Access to address general service delivery issues. Of the nearly five million migrant and seasonal farmworkers in the U.S., less than 15 percent receive health-care services through the Federal Migrant Health Program. Therefore, improved access to health care and preventive health services was identified as a priority in the *Farmworker Objectives*.

Because of the nature of the migrant lifestyle and the multi-ethnic nature of the population, it is difficult to establish the demographics and epidemiology of this group. To address the lack of health status data, MCN became a founding member of the Alliance for Primary Care, which

to link clinicians practicing in rural areas with academic researchers, allowing clinicians to become involved in practice-based research.

## Activities for Special Populations

NMRP carries out its mission on behalf of migrant and seasonal farmworkers and their families through: distribution of health information relevant to migrant health problems; provision of technical information and consultation to assist in conference and workshop planning, health service development, and research; development of collaborative working relationships between agencies that serve migrant and seasonal farmworkers; and monitoring the needs of migrant health programs and responding to these needs.

NMRP and MCN strive to link migrant programs administratively and clinically to facilitate communication about trends in the number of migrant and seasonal farmworkers and their special health needs from season to season. In this role, both organizations are also able to serve as advocates for a subpopulation of America's working poor that has traditionally been excluded from the benefits of social and economic legislation that have accrued to other workers.

MCN will participate in study design and implementation for the BHCDA/Interagency Committee on Infant Mortality study of infant mortality among Hispanics. Additionally, MCN's Ad Hoc Committee on Access will focus on service delivery issues specific to the midwestern migrant stream.

## Planned Activities

During 1992, NMRP and MCN will build on existing partnerships and develop new ones in an effort to create access to additional service delivery resources. NMRP and MCN support partnership-developed projects through technical assistance. The *Farmworker Objectives* will be promoted as the means of focusing efforts for these projects.

NMRP continually seeks and reviews migrant-specific materials for inclusion its Migrant Health Resource Center. Materials are disseminated in response to requests for information on specific topic areas. New acquisitions for 1992 will focus on the areas delineated in the *Farmworker Objectives*.

MCN, in collaboration with the Alliance for Primary Care, will develop migrant-specific components for a comprehensive research plan being created for BHCDA. Using this plan, MCN will collaborate with other clinical networks to develop a sentinel network to expand prior epidemiologic studies and build a research base for migrant care. The research plan incorporates a methodology that addresses data-gathering problems and incongruities specific to the migrant and seasonal farmworker population.

## National School Boards Association

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**Type of organization:** education association; federation of State associations of school boards, representing 97,000 local school board members from 15,350 school districts.

**Year established:** 1940

**Number of current members:** 49 State associations of school boards, Hawaii State Board of Education, District of Columbia, Commonwealth of Puerto Rico, and U.S. Virgin Islands boards of education. More than 2,000 local school boards are NSBA Direct Affiliates.

**Mission:** to promote the general advancement of public education through promoting local lay control of, and accountability for, public education; increasing school board effect on Federal education laws and regulations; providing services that help improve the education of students; and by maintaining liaison with other education organizations and governmental authorities.

### Activities Supporting Healthy People 2000

The National School Boards Association's (NSBA) 1991-92 Advocacy/Action Agenda has identified the holistic approach to education as the association's major advocacy thrust, i.e., a commitment to help each child become a productive citizen in the world of the 21st century. This effort involves the development of collaborative services for America's children and youth. Meeting our children's educational needs requires establishment of linkages between education and the other public and private agencies that serve children. Health needs, preschool education, child care, child abuse, substance abuse, and many other concerns have led NSBA to promote a national youth policy. This policy would emphasize a holistic approach to serving children and encourage a shift in emphasis to preventive programs, issues that provide the foundation for *Healthy People 2000*. NSBA offers services and programs to help school board members promote collaboration in their communities.

Collaboration and the link between health and learning are being and will continue to be advocated through NSBA's annual national convention, the *American School Board Journal* training conferences, leadership seminars, NSBA's Technology Leadership Network conferences, meetings of State school board association representatives and school attorneys, special projects, publication of monographs, articles in association publications, and other activities relating to the national and Federal dimensions of public education.

NSBA has passed the following resolutions (resolution numbers are noted in parentheses) that support the goals and objectives of *Healthy People 2000*:

#### National Education Issues

- Policy on Youth urges...that the services and resources for children and youth provided by various agencies will be coordinated in a holistic client-centered manner (1.1).
- Coordination of Services to Youth (1.6)

#### The Federal Role in Education

- Child Nutrition Programs (2.1.13)

- Early Childhood Education (2.1.19)
- Nation's Classrooms War Against Drugs (2.1.29)
- Federal Legislation on Tobacco Products (2.3.15)
- Steroids as a Controlled Substance (2.3.21)
- Televised Advertising of Alcohol and Tobacco (2.3.22)

### **Programs Urging Multi-Agency Action**

- Abuse of Alcohol and Other Drugs (3.4)
- Weapons and the Schools (3.8)
- Television Programming that Encourages Alcohol and Tobacco Use (3.11)

### **State and Local Policies and Programs**

- Drinking Age (5.1.5)
- Citizen Involvement in Public Education (5.1.10)
- Family Involvement in the Public Schools (5.1.11)
- Tobacco-Free Schools (5.1.36)
- Child Abuse (5.1.38)
- Improving Athletic Health Care in Secondary Schools (5.1.39)
- Use of Steroids by Athletes (5.1.44)
- Communicable Diseases and HIV (5.3.13)
- Curriculum on HIV Prevention (5.3.14)
- Prevention of Teen Pregnancy (5.3.15)
- Comprehensive Health Education (5.3.17)

### **Activities for Special Populations**

NSBA activities target improvements in the well-being of children and adolescents.

### **Planned Activities**

In support of NSBA Resolutions and Policy Statements and the goals and objectives of *Healthy People 2000*, NSBA has identified issues and activities to be given high priority. These include:

- Federal legislation entitled "Link-Up for Learning" and presentation of testimony in support of the bill;
- Annual NSBA CHALLENGE meeting in Washington, DC, in the fall of 1991, which has as one of its three major themes holistic services to children;
- Three special projects to promote healthy behaviors, including the Comprehensive School Health Programs project, conducted in collaboration with the U.S. Department of Education, and involving 20 national health and education organizations; the HIV/AIDS Education project, conducted in cooperation with the U.S. Centers for Disease Control (CDC); and the Tobacco-Free Schools project, conducted in alliance with the American Cancer Society, the American Lung Association, and the American Heart Association;
- Collaborative meetings with other national association representatives to follow-up strategies growing out of the 1991 Joint Wingspread Conference on holistic service delivery to children;
- Publication of a leadership report on comprehensive school health programs, entitled *School Health: Helping Children Learn*;

- Training workshops for school board members and other school leaders concerning planning and implementation strategies for comprehensive school health programs, HIV/AIDS education programs, and tobacco-free schools policies and programs;
- Publication of the results of a national survey on HIV/AIDS education and comprehensive school health education conducted in collaboration with the American Association of School Administrators and CDC;
- Continued expansion of the NSBA HIV/AIDS Resource Database, which provides access by school officials to such information as sample school district policies, articles, survey data and other research, curricula, and evaluation studies; and
- Convening of a Forum of urban school district leaders to identify strategies for improving HIV/AIDS education and related services for students in urban areas.

# National Society of Allied Health

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**Type of organization:** health professional association.

**Year established:** 1978

**Mission:** to improve the health status of blacks and other economically disadvantaged populations through research, education, employment, and community service.

## Activities Supporting Healthy People 2000

The National Society of Allied Health is planning its annual meeting around the goals and objectives of *Healthy People 2000*. The theme of the annual meeting is "Twenty-First Century Challenges: Improved Health Status for All Americans". The Annual meeting is scheduled for Wednesday, March 4-7, 1992 and will be held at the Holiday Inn Crown Plaza in Arlington, Virginia.

## Activities for Special Populations

The National Society of Allied Health has activities to:

- Increase the number of blacks and other disadvantaged students, faculty, administrators, practitioners, and leaders in allied health;
- Increase research activities and the number of publications regarding ethnic minorities in the field of allied health and the health status of blacks and other economically disadvantaged populations;
- Identify and increase the options and alternatives for funding allied health education programs in minority institutions; and
- Identify and increase the options and alternatives for providing financial assistance to blacks and other disadvantaged students in allied health education.

## Planned Activities

The National Society of Allied Health's annual conference will focus on the roles and responsibilities of allied health professionals in addressing the goals and objectives of *Healthy People 2000*. Presentations will be on topics involving:

- AIDS politics, legislation, government rapport for therapy, isolation versus community service, treatment of victims, and treatment innovations;
- Nutrition and obesity and diet; and
- Cancer prevention, treatment, and demographics.

## National Society to Prevent Blindness

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**Type of organization:** voluntary health association.

**Year established:** 1908

**Number of current members:** 150,000

**Mission:** to preserve and restore sight.

### Activities Supporting Healthy People 2000

The National Society to Prevent Blindness' (NSPB) entire nationwide program is supportive of the goals and objectives of *Healthy People 2000*, especially those associated with unintentional injuries to the eyes and diseases and disabling conditions of the eyes. NSPB has identified the following goals for which current programs provide substantial support:

Objective 9.19 - NSPB has educational and awareness programs for the general public, older adults, and for school aged people concerning sports, recreational, home, yard, firearm, fireworks, solar eclipse, and other eye safety recommendations. NSPB collaborates with National Safety Council (NSC) and other groups to develop standards for protective eye wear.

Objectives 10.2 and 10.12 - NSPB has operated the industrial Wise Owl eye safety program since 1948 to provide worksite and employee eye safety as well as protective eye wear education and awareness. NSPB collaborates with the Occupational Safety and Health Administration (OSHA), NSC, and others to develop standards for protective eye wear and safety procedures.

NSPB operates a nationwide, toll-free hotline (1-800-331-2020) that provides information on prevention of vision loss due to injuries or disease. NSPB also conducts many other activities generally associated with *Healthy People 2000* objectives 8.5 through 8.8, 9.20, 9.21, 14.5 (research to overcome retinopathy of prematurity), 17.10 (regarding diabetic disease), 17.14, 17.19, and 21.2.

### Activities for Special Populations

Objectives 17.7, 17.15, and 17.17 - Annually, NSPB and its network of statewide affiliated associations, reaches approximately 2,000,000 people through community screening and information services. These services identify individuals at risk who should receive careful evaluation for one or more chronic disabling eye conditions. The two largest programs are associated with eye diseases of children (such as amblyopia) and of older adults (such as glaucoma).

### Planned Activities

NSPB proposes to expand collaboration and support for Healthy People 2000 by fostering widespread participation in a "mini-coalition" called Healthy Eyes 2000. This effort would include active participation from governmental agencies such as the National Eye Institute and its National Eye Health and Education Project; from voluntary health and research organizations such as Research to Prevent Blindness; from professional societies such as Association of University Professors in Ophthalmology; and from related groups such as National Council on Aging. We



propose that the review body for any additional goals and objectives for Healthy Eyes 2000 be the National Eye Institute's National Advisory Eye Council.

Second, NSPB plans to expand public awareness of the importance of careful attention to good vision, eye health, and safety. This has always been a major thrust of our organization's work, but we will inaugurate in 1992 a single day of major emphasis for families and individuals throughout America to celebrate (and better understand) sight. NSPB will organize this effort in 1992 and continue it every year until blindness and vision impairments have been overcome.

## National Strength and Conditioning Association

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**Type of organization:** professional and educational association.

**Year established:** 1978

**Number of current members:** 13,800

**Mission:** to promote, support, and assist in optimizing athletic performance and related physically demanding activities through total conditioning with the concomitant benefit of reducing the incidence of athletic injury.

### Activities Supporting Healthy People 2000

The educational programs and corresponding materials of the National Strength and Conditioning Association (NSCA) provide our members with information and instructions on how to achieve optimum performance and injury reduction through conditioning and strength training, and in this way, can help achieve *Healthy People 2000*. Further defined, our members gain knowledge and developmental tools for improving speed, strength, power, flexibility, agility, quickness, local muscular and general cardiovascular endurance, and nutritional considerations as they relate to the specific training goals and objectives of the individual.

As strength and conditioning coaches, athletic trainers, physical therapists, sports scientists, and sports medicine physicians, members of the NSCA are the primary providers of strength and conditioning training to our Nation's adolescent and young adult athletes. In addition, the National Strength and Conditioning Foundation (NSCF) was created to identify and cater to the conditioning needs of the general public within health clubs and corporate settings.

The NSCA and NSCF provide the following resources:

- *NSCA Journal* - This publication features sections on nutrition, weight room organization and safety, exercise techniques, principles of program design, sport-specific and general training, and sport science research as it applies to the working strength and conditioning practitioner;
- *Journal of Applied Sport Science Research (JASSR)* - Designed to bridge the gap between the sport science researcher and the practitioner, this publication identifies nationwide investigations, and provides the abstract, research method, results, and practical applications of each investigation;
- *Sport Specific Conditioning Journals* - These publications are focused on individual sports and the training methods that are most effective for an athletes performance within each sport:
  - Conditioning for Women's Basketball;*
  - Conditioning for Volleyball;* and
  - Conditioning for Cycling.*
- *Conditioning Instructor* - A product of the NSCF, the *Conditioning Instructor* provides insight on strength training and conditioning to individuals responsible for the conditioning of the general population;

- *NSCA Bulletin* - A supplement to the *NSCA Journal*, this newsletter gives our members a monthly update on what's new within the NSCA;
- Practical Principles of Strength Training and Conditioning Course (PPC) - Conducted nationwide, each 30-hour course educates professional coaches in weight room management, safety, exercise techniques, and program design;
- State Association Clinic Program - The 8-hour clinics allow coaches that might not otherwise have the opportunity for hands-on instruction, access to grass-roots education in basic strength training and conditioning, football, and volleyball;
- National Conference - Held annually in various locations across the U.S., our conference features seminars on such topics as nutrition, sports massage therapy, research abstract presentations, specific training, exercise technique methods, and special population training. It also provides attendees the opportunity to network, exchange ideas, and to inspect training equipment;
- Certification - Of major importance to the NSCA is our certification program. The program uses a two-part, written exam of practical applied knowledge and scientific foundations to identify those people qualified to be Certified Strength and Conditioning Specialists (C.S.C.S.); and
- How To Teach Series - A three-part series including videos, posters, and workbooks, this gives coaches and strength and conditioning instructors detailed information on how they can best teach strength and conditioning techniques.

## Planned Activities

In addition to the development and production of the items discussed under the first section, the NSCA looks forward to providing the following resources to our members:

*Conditioning for Wrestling* - A new addition to the sport-specific conditioning journals.

*Safety Manuals* - A four-part series to identify the industry standards and guidelines for strength and conditioning safety. The manuals will be designed for the administrator, strength and conditioning coordinator, and facility staff member. The fourth manual will detail a long range plan for facility design and equipment safety.

*Baseball Curriculum* - A part of the State Clinic program, this course focuses on the training methods for baseball.

*Sport Nutrition* - We have recently begun a nutrition column in the *NSCA Journal* and will further our efforts with a nutritional curriculum and corresponding manual.

*Performance Enhancing Substance Abuse (PCI Program)* - In our continuing effort to make athletes, coaches, and parents aware of anabolic steroids abuse, this program identifies and informs the athlete's primary contact individual (PCI). The PCI, made aware of the signs of abuse, is enabled, through this program, to assist in counseling and providing direction to the athlete to achieve the physical goals of the athlete without the use of steroids.

*Essentials Text* - As part of our certification program, the Essentials Text will be a thorough manual of information for exam preparation and reference.

## National Stroke Association

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**Type of organization:** voluntary health association.

**Year established:** 1984

**Number of current members:** 51,000

**Mission:** to reduce the frequency, severity, and impact of stroke.

### Activities Supporting Healthy People 2000

The National Stroke Association (NSA) is the only national voluntary health-care organization whose resources are solely and completely committed to stroke prevention, treatment, rehabilitation, and support for stroke survivors and their families. The mission of the NSA is to reduce the frequency, severity, and impact of stroke, by promoting public education about stroke and its consequences as well as promoting research into causes and effective treatment.

Stroke continues to be American's most neglected disease compared to the number of people it affects: it remains the third leading cause of death and a major cause of adult disability. It is estimated that it costs society approximately \$25 billion per year in medical care costs and lost productivity. In response to these needs, NSA has developed the following programs and materials:

#### Education/Publications

- Comprehensive recovery manual for stroke survivors and their families, *The Road Ahead: A Stroke Recovery Guide* (153 pages);
- *Be Stroke Smart*, a packet of 24 one-page articles on different aspects of stroke;
- Brochures on stroke prevention and rehabilitation;
- Sponsor and co-sponsor of medical conferences, seminars and symposia;
- Physician Support Series offers physicians medical seminars covering various aspects of stroke treatment;
- Stroke: Putting the Pieces Back Together, is the only stroke training program of its kind to lead the nursing care assistant through the learning process for stroke rehabilitation;
- The Brain at Risk: Understanding and Preventing Stroke, a stroke prevention video created to help educate the American public about the risk factors and warning signs of stroke;
- *Be Stroke Smart*, a 16 page newsletter providing valuable information on various aspects of stroke prevention, treatment, rehabilitation, research, and support for stroke survivors and their families;
- *Stroke: Clinical Updates*, a bimonthly publication for physicians who are active in stroke prevention, diagnosis, and treatment; and
- *Journal of Stroke and Cerebrovascular Diseases*, the official multidisciplinary, clinical journal of NSA devoted to all aspects of cerebrovascular diseases.

#### Stroke Information and Referral Center (SIRC)

- Collection, development, organization, and dissemination of stroke-related material to the public and professionals;

- Responses with information, education material, or referrals to other resources to several hundred requests a week by phone and mail from all parts of the United States and other countries;
- Support for a national listing of more than 800 stroke clubs/support groups in the United States; and
- *Adaptive Resources: A Guide to Products and Manufacturers*, a listing of equipment, clothing, books, tapes, videos, games, recreational resources, programs, and services.

### **Networking**

- Cooperative relationships have been set up with medical care and rehabilitation facilities, voluntary organizations around the country, and a network of local chapters.

### **Research**

- Scientific Advisory Committee was formed in 1985 and is composed of nationally recognized stroke experts from the medical, nursing, rehabilitation, and research professions.
- We have established research fellowships to provide opportunities for promising young investigators who will devote their careers to the field of stroke. As of 1991, eleven (11) fellowships have been awarded.

### **Planned Activities**

The National Stroke Association will continue to position itself as the Nation's primary resource on stroke. Our Nation stands on the threshold of enormous opportunities in the neurosciences during the Decade of the Brain, especially in stroke prevention and treatment.

NSA, in continuing its mission in conjunction with the objectives of *Healthy People 2000*, will:

- Continue community education on the prevention of stroke;
- Develop printed and media materials for stroke education, support services, and programs;
- Expand our network of chapters throughout the United States;
- Assist in securing an increase in funding for stroke research and continue to award research fellowships;
- Expand our relationship with health-care businesses to develop and support new programs and services; and
- Offer further programs and services for stroke survivors, their families, and health-care professionals.

## Network of Employers for Traffic Safety

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**Type of organization:** voluntary association.

**Year established:** 1989

**Number of current members:** 400

**Mission:** to help employers reduce the incidence and costs associated with motor vehicle-related crashes.

### Activities Supporting Healthy People 2000

The Network of Employers for Traffic Safety (NETS) has trained more than 400 individuals at more than 300 companies to develop comprehensive traffic safety programs for the work site. These programs include the following components: liability issues for employers; policies on alcohol and other drug use and driving and safety belt use; educational programs to inform employees about the new or revised policies; direct and indirect costs of motor vehicle-related crashes; and development of on-going educational programs about traffic safety issues to further enhance policy compliance. Our mission is accomplished by assisting private companies and other concerned entities with the implementation of policies, on-site employee programs, and community activities through training and the formal and informal exchange of information. Training is provided by a cadre of volunteers who have attended a train-the-trainer course. Currently there are 100 trainers throughout the country providing this service. NETS plans to train approximately 100 more in 1992.

In recognition of the importance of senior management support, a promotional series of CEO briefings is being conducted across the United States. The goal of this effort is to raise senior level management, employer, and employee awareness of the costs of motor vehicle crashes.

### Planned Activities

As a new organization, many of the following activities are in the developmental stages. NETS' ultimate goal is to create a network for information exchange about work site traffic safety programs and to assist in the development of a database to demonstrate the effectiveness of such programs. Currently, we are developing a reference library of sample public information and education materials, company policies, and vendors who provide services or products related to work place traffic safety programs. Additionally, we are developing a database of our membership and plan to conduct an annual survey on motor vehicle-related traffic crashes and their costs.

NETS also serves its members by referring them to other members who have addressed or are addressing similar issues in the development and implementation of work site traffic safety programs. Finally, to bring further attention to the issue of work place traffic safety programs NETS is planning on conducting an awards program. In the future we hope to develop national multi-media campaigns to raise the awareness of employers and workers alike to the issues and costs of traffic crashes.

# Oncology Nursing Society

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**Type of organization:** nursing professional association.

**Year established:** 1975

**Number of current members:** 19,000

**Mission:** to promote excellence in oncology nursing.

## Activities Supporting Healthy People 2000

### Tobacco

The Oncology Nursing Society (ONS) office and all ONS local and national meetings are smoke free. The ONS journal, the *Oncology Nursing Forum* has published many articles on smoking cessation research. A smoking cessation booth is staffed at the Annual ONS Congress and ONS lobbies for anti-smoking legislation and participates in the Coalition on Smoking OR Health.

### Cancer

ONS actively supports Federal legislation regarding reimbursement for mammograms and participates in the Breast Cancer Coalition. ONS has recently undertaken a project to educate members regarding their role in the passage of State mammography legislation.

In 1991, ONS funded four research studies related to breast cancer and funded a member to do a public education patient project entitled Behavior of Women Regarding Early Detection of Breast and Cervical Cancer.

A significant number of articles in the Oncology Nursing Forum and sessions at both the Annual ONS Congress and Annual ONS Fall Institute are dedicated to educating nurses regarding all aspects of cancer prevention and early detection.

### HIV Infection

In 1991, ONS funded a research study related to HIV infection. The ONS published a position paper on HIV and numerous articles related to HIV infection are published in the *Oncology Nursing Forum*. The Annual ONS Congress and Annual ONS Fall Institute have many sessions related to HIV infection.

## Activities for Special Populations

In 1991, ONS held regional workshops for minority nurses to improve cancer prevention and early detection in minority Americans.

## Planned Activities

ONS will continue to develop existing programs and plans to strengthen our prevention and detection activities among minorities and the disadvantaged. In addition, we will ask our Special Interest Groups and Chapters to use the *Healthy People 2000* objectives to guide their future programming.

## Poison Prevention Week Council

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**Type of organization:** coalition of national organizations dedicated to preventing childhood poisoning.

**Year established:** 1961

**Number of current members:** 37  
organizations

**Mission:** to sponsor and coordinate the annual observance of National Poison Prevention Week.

### Activities Supporting Healthy People 2000

The Poison Prevention Week Council (PPWC) focuses on preventing poisonings among children under six years of age. Public Law 87-319 (approved September 26, 1961) requested that the President annually designate the third week in March as National Poison Prevention Week to encourage the American people to learn of the dangers of accidental poisoning and to take such preventive measures as are warranted by the seriousness of the danger.

PPWC's prevention efforts have been successful in the past 31 years in reducing the annual death toll from 450 child deaths (in 1961) to 44 deaths (in 1988). However, approximately one million children are exposed to potentially poisonous medicines and household chemicals each year. Reducing this exposure would help achieve the objective of preventing childhood poisonings.

### Activities for Special Populations

The Poison Prevention Week Council lists several publications in Spanish and also encourages the use of television to help reach audiences that may not read English. When funding is available, the Council produces a video news release of its annual news conference for local TV stations to use in their news broadcasts.

### Planned Activities

The Poison Prevention Week Council distributes approximately 7,000 packets of information each year to poison control centers, health departments, pharmacies, and other local groups who conduct poison prevention programs. In addition, the Council publishes a *List of Materials* mentioning poison prevention information from many organizations; distributes an Editor's Fact Sheet for newspapers and other media; drafts the annual Presidential proclamation for National Poison Prevention Week; and produces an Annual Report that reflects the activities among the various participating organizations and serves as an idea mill for community groups looking for programming possibilities. The Poison Prevention Week Council will continue with all of these activities.



# Population Association of America

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**Type of organization:** professional association.

**Year established:** 1931

**Number of current members:** 2,700

**Mission:** to "... promote research on problems connected with human populations, in both quantitative and qualitative aspects, and the dissemination and publication of results of such research."

## Planned Activities

The professional interests represented by the Population Association of America (PAA) relate specifically to the *Healthy People 2000* priority area on Surveillance and Data Systems. To monitor progress towards achieving each of the objectives of *Healthy People 2000*, timely, reliable, and standardized data on a range of health behaviors, risk factors, and vital events must be available on both the national and State level. With the exception of select areas (e.g., cause of death data) current data collection activities yield reliable data only at the national level. Other areas of interests, such as those related to disease prevention and health promotion, are not covered by any regular data collection activity at either the national or State level.

Through its Public Affairs Committee, Committee on Population Statistics, and State and Local Demographic Interest Group, the PAA works to safeguard and improve the data collection systems of the U.S. These activities are ongoing and involve the monitoring of Federal activities in regular systems, such as the decennial Census, the annual National Health Interview Survey, and vital statistics. Specialized surveys that fill current gaps also are of special concern.

At its fall 1991 meeting of the Board of Directors, the PAA considered special initiatives in support of *Healthy People 2000*.

## Produce Marketing Association and Produce for Better Health Foundation

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**Type of organization:** trade association.

**Year established:** 1949

**Number of current members:** 2,005

**Mission:** to provide leadership in marketing for the responsible advancement of the produce industry.

### Activities Supporting Healthy People 2000

In May 1991, the Produce Marketing Association (PMA) incorporated a new independent foundation, the Produce for Better Health Foundation (PBH), to conduct a national 5 a Day for Better Health program in partnership with the National Cancer Institute (NCI). The program is an educational program that encourages consumers to eat at least five servings of fruits and vegetables every day for better health. The program goal is to have consumers eating 5 servings a day by the year 2000, consistent with *Healthy People 2000* objective 2.6. NCI has made a budgetary commitment to the program of \$27 million over the next six years, of which \$16 million will be distributed as grants to community coalitions. The industry will spend an estimated \$15 million per year on the program.

PBH and NCI are currently conducting a series of strategic planning sessions to determine a long range plan of action for effectively communicating the 5 a Day for Better Health message. Media events, press conferences, spokespersons, industry promotions, and materials targeted at ethnic audiences and those of low literacy are all part of our long-range plan.

PBH conducted a phone survey of 2800 Americans, including an oversample of blacks and Hispanic populations, to determine a baseline level of fruit and vegetable consumption and barriers to greater consumption. The survey was completed in September. Preliminary analysis indicates that only 7 percent of those surveyed thought 5 servings of fruits and vegetables a day is enough for good health. Further analysis is underway.

October 20-26, 1991, National Consumers Week, was the national roll-out of the 5 a Day for Better Health program. Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, and Ann Windham Wallace, from the White House Office of Consumer Affairs, helped launch the program. The initial phase of the program consists of in-store retail grocery promotions of 5 a Day for Better Health and media efforts. Materials used in California's 1989-1991 5 a Day campaign will be revised for use at the national level throughout 1991 and much of 1992. NCI's 1-800-4-CANCER number is available to consumers to get their free brochure about how to eat 5 a Day.

Besides the 5 a Day for Better Health program, PMA and PBH are both supporting achievement of objective 2.14. PMA has worked to provide data and industry information to the U.S. Food and Drug Administration (FDA) for use in fruit and vegetable labeling. A Nutrition Education and Implementation Program, consisting of a video and workbook will also be available to PMA retail members early in 1992. The program will teach retail produce employees the basics of nutrition,

with specific emphasis on produce-related concepts. The program will also include a section detailing how to implement nutrition labeling in conformity with FDA's labeling regulations. Additional materials are being developed that incorporate the 5 a Day for Better Health message on the required nutrition labels.

For the past 19 years, PMA has also provided a free Education Kit to health professionals upon request. Production of this kit will continue, and will incorporate 5 a Day messages.

## **Activities for Special Populations**

Future consumer materials will be developed in collaboration with the National Cancer Institute to address the needs of special populations. Because of low consumption of fruits and vegetables among many minority groups, culturally appropriate 5 a Day materials/messages will very likely be targeted to minorities, thereby working toward objective 8.11. Additional efforts will also be made to educate health professionals about 5 a Day activities, encouraging them to help promote the health message in their programs. Keeping health professionals apprised of 5 a Day activities will aid in a number of objectives, including, but not limited to, 8.8, 8.9, 8.10, and 8.12.

## **Planned Activities**

The PBH strategic planning session will define more thoroughly the activities of the national 5 a Day for Better Health program. However, it is highly likely that the program will evolve into restaurant and institutional food service operations, including school food service, thereby working toward objectives 2.16, 2.17, 8.5, 8.6, and 8.12.

Media efforts, including media kits, public service announcements, and local television networks, will be a major route to get the 5 a Day message to consumers, thereby working toward objective 8.13. In addition, a data tracking system will be in place to help determine how many materials were distributed nationally. Ongoing evaluations will be made, in cooperation with NCI, to measure the success of the program.

## Salt Institute

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**Type of organization:** trade association.

**Year established:** 1914

**Number of current members:** approximately  
30

**Mission:** to serve as the primary advocate for the salt industry, and the primary source of unique and specialized information about salt production and marketing.

### Activities Supporting Healthy People 2000

The Salt Institute has publicly commended the U.S. Department of Health and Human Services for elimination of any specific sodium reduction goal from the Cardiovascular Disease goals for the year 2000 (a 40 percent reduction was targeted in the last set of goals adopted in 1980). The Institute has also, publicly and repeatedly, endorsed the concept of consuming a moderate sodium diet as appropriate nutrition guidance.

The Institute has contributed regularly to public education efforts such as the recent article on salt appearing in the November 10, 1991, issue of *Parade Magazine*. The Institute has helped underwrite the costs of conferences and publications to bring to the attention of the concerned public the latest and highest quality scientific studies of the relationship of salt/sodium and hypertension.

The Salt Institute has submitted public comments in various U.S. Food and Drug Administration (FDA) rulemakings to the end that FDA strictly regulate health claims advertising so as to preserve the credibility of food labels as a source of dietary information for consumers. In addition, the Salt Institute has supported research to identify inexpensive and reliable biological and/or genetic markers that will be used to identify salt-sensitive hypertensive individuals so that they can receive targeted encouragement to reduce dietary sodium or to ensure adequate intakes of calcium and/or potassium.

### Planned Activities

We are in the midst of revising the Salt Institute's best-selling *Straight Talk About Salt* to incorporate the new and exciting studies concerning salt and hypertension to aid in consumer understanding of this relationship.

## Society for Hospital Epidemiology of America, Inc.

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**Type of organization:** professional society.

**Year established:** 1981

**Number of current members:** approximately 550

**Mission:** to promote the highest quality of patient care in all health-care settings.

### Activities Supporting Healthy People 2000

The Society for Hospital Epidemiology of America (SHEA) is an organization composed of M.D.s and Ph.D.s who are actively involved in the field of hospital epidemiology. SHEA provides leadership and advocacy in influencing public policy for standard setting and prevention and control of infectious diseases. SHEA actively supports research in prevention and control of hospital-acquired infections and supports the education of a cadre of highly trained quality assurance professionals. SHEA members, as highly qualified epidemiologists, manage programs for continuous quality improvement built upon uniform hospital data bases developed under their direction.

SHEA educates its members on the goals and objectives of *Healthy People 2000* through its professional education programs. The objectives are a specific session topic at the 1992 Annual Scientific Meeting. In addition, our relationship with the U.S. Centers for Disease Control (CDC) allows us to receive feedback on the effectiveness of our efforts; we know the results of our on-going efforts to achieve the *Healthy People 2000* objectives.

### Activities for Special Populations

SHEA members practice hospital epidemiology (infection control in all urban and rural hospital settings). Our commitment is to work to prevent hospital acquired infections in all hospital settings for all special populations.

### Planned Activities

SHEA is finalizing a position paper on Surgical Wound Infection Surveillance that will help improve the science on this issue and help reach the national objectives.

## Society for Nutrition Education

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**Type of organization:** professional association of nutrition educators.

**Year established:** 1967

**Number of current members:** 2,400

**Mission:** to link nutrition, food, and education. The Society enhances the ability of its members to help the public make informed food choices.

### Activities Supporting Healthy People 2000

The Society for Nutrition Education (SNE) works collectively as an organization, and individually, through its nutrition educator members, to support the goals and objectives of *Healthy People 2000*.

Individual members of the Society for Nutrition Education work in leadership positions in the Cooperative Extension Service, State and local health departments, State departments of education, college and university faculties, government agencies such as the U.S. Food and Drug Administration (FDA) and U.S. Department of Agriculture (USDA), voluntary organizations and others recognized by the public as reliable sources of health and nutrition information. Because of the decision-making level of their responsibilities, individual members are able to integrate the *Healthy People 2000* Nutrition objectives with their local program goals and objectives. In these settings, SNE members develop programs and materials that direct the public to appropriate food choices; teach and counsel individuals and families through federally funded programs; direct school breakfast and lunch activities; develop school curricula; conduct cutting-edge research in nutrition education; and train the next generation of nutrition educators. They work in the communications and food industries, serving as important advisors and translators, effectively linking the scientific nutrition community with the food production, processing, and marketing system.

The Society supports the work of individual nutrition educator members by collecting and disseminating information and research findings about nutrition, education, and communications through the publication of the *Journal of Nutrition Education* and selected supplements and monographs on timely topics, including the *Healthy People 2000* Nutrition objectives. Annual Meeting programs contribute to updating knowledge and enhancing skills that support the objectives.

Organizationally, SNE has worked and continues to work with broad-based coalitions whose purposes reflect the *Healthy People 2000* Nutrition objectives. The following are selected specific examples:

- The Maternal and Child Health Interorganizational Nutrition Group (MCHING) directs collective energies and leadership to reducing the nutrition and health risks of women, infants, and children, particularly with regard to infant feeding practices, breast feeding promotion, and reducing iron deficiency in children and women of childbearing age (objectives 2.8, 2.10, 2.11, 2.12).
- SNE actively participates in a public/private collaborative working group to encourage the U.S. Food and Drug Administration (FDA) and U.S. Department of Agriculture to

adopt labeling regulations that will contribute to the ability of consumers to make healthy food choices without sacrificing the food industry's efforts to produce a healthier food supply. The focus of this group is on developing relevant criteria that will allow consumers to reduce fat and saturated fat intakes and increase fiber intake by defining appropriate label descriptors and by expanding the range of products available. The working group includes a representative of the National Restaurant Association (objectives 2.5, 2.6, 2.13, 2.14, 2.15, and 2.16).

- An SNE representative serves on the Coordinating Committee of the Food and Nutrition Labeling Group that is urging USDA to formulate meat and poultry labeling rules consistent with FDA regulations for other foods (objectives 2.13 and 2.14).
- SNE has a highly effective public policy program that has provided and continues to provide leadership to the nutrition community on nutrition education issues that reflect the *Healthy People 2000* Nutrition objectives in risk reduction. Selected examples of this activity follow.
- SNE's Task Force on Food Labeling has regularly responded to the proposed food labeling regulations with both written comment and testimony, and encouraged individual SNE members to submit written comments, as well. SNE members have leading roles in the development of label formats and educational programs that will assist consumers with the use of those labels. These efforts are directed toward meeting the objectives of achieving useful and informative nutrition labeling and increasing the proportion of adults who use food labels to make healthier food choices (objectives 2.13 and 2.14).

## Activities for Special Populations

SNE coordinated efforts with the American Dietetic Association, the National Association of Meal Programs, and the National Association of Nutrition and Aging Service Providers to recommend standards for nutrition program implementation under the Older Americans Act that ensure the largest number of high quality, nutritionally adequate meals be served to older Americans (objective 2.18).

We have successfully lobbied Congress to maintain funding for the Nutrition Education and Training Program (NET). NET programs focus on developing integrated nutrition education in the Nation's schools, from preschool through the 12th grade, and supporting the incorporation of Dietary Guidelines for Americans into the federally funded school lunch and breakfast programs through training of school lunch personnel (objectives 2.17 and 2.19).

## Society of State Directors of Health, Physical Education, and Recreation

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**Type of organization:** professional association.

**Year established:** 1926

**Number of current members:** 125

**Mission:** to improve the health and well-being of our Nation through effective school programs.

### Activities Supporting Healthy People 2000

The Society of State Directors of Health, Physical Education and Recreation (SSDHPER) is a professional association whose members supervise and coordinate programs in health, physical education, recreation, and related fields within State departments of education. Associate membership is extended to those people who do not work within a State education agency but who are interested in the Society's goals and programs.

The SSDHPER has been a member of the Healthy People 2000 Consortium since its inception and will continue to be active in the national meetings. The membership has been kept informed about *Healthy People 2000* through reports at committee and general meetings, newsletters, and the Comprehensive Health Education Network (CHEN). In fact, a permanent committee has been appointed to keep the Society members informed about *Healthy People 2000*.

Presentations were made at the annual meetings of the Society in 1989, 1990, 1991; activities and discussion centered around what each State director could do in promoting the objectives of *Healthy People 2000*. Each member of the Society is encouraged to participate in and lead in promoting health and fitness activities within and throughout his/her State.

### Activities for Special Populations

The Society will continue to promote programs to improve the health and well-being of children and adolescents through health and fitness curricula and special programs such as school-based clinics. In addition, the Society's members who have special responsibilities in HIV/AIDS, alcohol and other drugs, and safety will promote programs to reach hard-to-reach youths, minority populations, and parents of these groups. Finally, statewide wellness workshops for faculty and school staff will continue to be promoted and offered.

### Planned Activities

The Society will continue to: attend the consortium meetings and to promote linkage between State and national efforts; inform the membership through presentations and mailings; and establish collaborative efforts between the State educational agencies and the State departments of health to facilitate State level planning. In addition, Society members have been urged to include the *Healthy People 2000* objectives in school curricula; each State director is encouraged to sponsor statewide conferences based on *Healthy People 2000* objectives; and Society members



will urge school board members, administrators, teachers, and parents to give careful thought to the objectives of *Healthy People 2000*.

## State Family Planning Administrators

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**Type of organization:** professional association of administrators who manage services through State government.

**Year established:** 1980

**Number of current members:** 41

**Mission:** to exchange ideas, strategies, policies, and procedures to improve State-managed, publicly-subsidized family planning programs.

### Activities Supporting Healthy People 2000

The State Family Planning Administrators (SFPA) have reviewed the objectives related to maternal health and family planning and have incorporated appropriate objectives into project activities and workplans. Activities of SFPA and service providers affect many of the objectives including Nutrition, Tobacco, Alcohol and Other Drugs, Educational and Community-Based Programs, Cancer, HIV Infection, and Sexually Transmitted Diseases.

Many State family planning programs have been involved in statewide strategies to support *Healthy People 2000*. Specifically, SFPA has developed a resource directory and training materials for professionals to promote adolescent abstinence (objectives 5.1, 5.4, 5.5). SFPA have also developed a resource directory and training materials for professionals to promote the provision of preconceptional health-care services in family planning clinics (objectives 5.2, 5.7, 5.10).

An SFPA planning committee worked closely with the U.S. Centers for Disease Control (CDC) to determine the level of services and education about sexually transmitted diseases provided by family planning clinics. The summary report is used to develop policy and increase funding at the national and State level for prevention, screening, treatment, and education (objectives 5.3, 5.11). SFPA has also received technical assistance from CDC to collect current data on clients served through the national family planning program. Target populations include adolescents, and women at or below 150 percent of poverty (objective 5.6).

SFPA provides training to its members annually on topics including preconceptional health care, smoking cessation, maternal substance abuse, coordination of family planning and sexually transmitted disease services, and integrated maternal/child health services (objectives 5.2, 5.3, 5.7, 5.10). Most State Family Planning Administrators are part of statewide coalitions or initiatives to reduce adolescent pregnancy (objective 5.1), and to encourage parental involvement in human sexuality education (objective 5.8).

SFPA is a partner in the national Healthy Start media campaign. The Healthy Start campaign is a Presidential initiative to reduce infant mortality. The national public information program is designed to raise awareness of the public, health providers, and women at risk (objectives 5.1, 5.2, 5.6., 5.7).

Family planning training grantees are providing training programs to service delivery staff to better screen, counsel, and refer people for alcohol and drug use problems (objective 5.10).

Training grantees also regularly provide training to service delivery staff on the presentation of adoption as a positive pregnancy option (objective 5.9).

## **Activities for Special Populations**

Low-income women and adolescents are the two major target populations served in the national family planning program. SFPA and service delivery programs place the highest priority on the prevention of unintended pregnancy, especially among teens. Preconceptional health care has recently become an important and focused concern of SFPA and clinics in their efforts to reduce unintended pregnancy, reduce infant mortality and the incidence of low birth weight, and to improve pregnancy outcomes in general.

In addition, SFPA, CDC, and the Minority Development Committee of the National Family Planning and Reproductive Health Association are collaborating to survey family planning clinics about the use of minorities to staff clinics and policy making boards, as well as the level of service provided to minority clients. Information will be used in national and State policy development and program planning (objectives 5.1, 5.2).

## **Planned Activities**

SFPA will encourage the development of coalitions of family planning and child health programs to focus on the prevention of pregnancy for teens ages 17 and under, encourage its members to participate in community-based educational activities that focus on sexual responsibility and the postponement of sexual activity, and support the development of comprehensive school-based clinics and health education (objective 5.1).

SFPA will work with funders to increase the availability of primary preventive services including education and contraception (objective 5.2). SFPA will also continue to work with CDC to foster collaboration between family planning and sexually transmitted disease service providers for the prevention of disease and infertility (objective 5.3).

SFPA plans to work with the U.S. Public Health Services' Office of Population Affairs and CDC to establish baseline data and a monitoring tool and will encourage all States to require kindergarten through twelfth grade family life education (objective 5.4). SFPA will also continue all activities targeting adolescents and encourage alternative service delivery models including school-based prevention programs and clinics (objective 5.5).

Program models that prove successful in preventing adolescent pregnancy and reducing sexually transmitted diseases (STDs) among adolescents will be showcased and information widely distributed through the SFPA (objective 5.6). In addition, SFPA will work with all related programs to ensure that family planning education and preventive services are included in client services, work with other national organizations to increase the availability of contraceptive education and services, and work with national and State organizations to increase coverage for family planning under Medicaid (objective 5.7).

SFPA will work with the Office of Population Affairs to make resources on adolescent abstinence and human sexuality materials for parents available to the general public, work with other national organizations to promote parents as primary sexuality educators of their children (objective 5.8), and develop a standardized curriculum and protocol that presents adoption as a positive pregnancy option (objective 5.9).

The SFPA Executive Committee will meet with and provide its resource directory to leaders from related associations to develop uniform standards for preconceptional health care and counseling (objective 5.10). SFPA will also continue to distribute results of the survey of sexually transmitted disease services and will encourage increased cooperation between family planning and STD service delivery programs (objective 5.11).

## Unitarian Universalist Seventh Principle Project

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UU Seventh Principle Project  
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**Type of organization:** religious organization.

**Year established:** 1961

**Number of current members:** 180,000

**Mission:** The Unitarian Universalist Association is an international association of Unitarian Universalists. The two churches were joined together in one association in 1961. The Seventh Principle Project is an environmental protection and social justice network that works with church and community groups.

### Activities Supporting Healthy People 2000

The Unitarian Universalist Seventh Principle Project has been particularly interested in the goals and objectives included in these priority areas of *Healthy People 2000*: Violent and Abusive Behavior; Educational and Community-Based Programs; Unintentional Injuries; Occupational Safety and Health; and Environmental Health. We have worked to bring environmental and community health groups together to address issues of common concern. We are interested, especially, in preventing violence; in improving workplace health and safety; and in reducing exposures to harmful substances and conditions. We believe that religious organizations have an important role to play in helping to protect the health of community residents.

Our activities since 1989 have included:

- **Public Education** - We have developed workshops, exhibits, conferences, and special events that have helped to focus public attention on environmental health problems. Most of our educational work has been done in New England.
- **Publications** - Our book *Green Sanctuary* includes information on how churches can reduce the use of toxic materials. We believe that religious organizations should "set a good example" within their communities by encouraging safety.
- **Professional Education** - We have worked to educate members of the clergy, religious educators, and others, about the need to address community health protection concerns.

### Planned Activities

The UU Seventh Principle Project will continue to work in the areas noted above. We have become increasingly involved in programs for injury prevention and for the prevention of lead poisoning. We will be expanding our programs in 1992 to do more educational work in different parts of the United States.

# United States Eye Injury Registry

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**Type of organization:** medical injury surveillance system.

**Year established:** 1988

**Number of current members:** 12 State registries

**Mission:** to accumulate, interpret, and disseminate accurate, population-based, national data to guide in the primary prevention, treatment, and rehabilitation of serious ocular trauma.

## Activities Supporting Healthy People 2000

The United States Eye Injury Registry (USEIR) is a federation of individual State eye injury registries, collecting epidemiologic data in a standardized manner and sharing a common database. Each registry is endorsed by its State ophthalmologic society and injury reports are submitted by ophthalmologists throughout participating States.

The USEIR currently surveys ocular trauma in approximately 36 percent of the U.S. population. By its design, the USEIR shares and supports the vision impairment objectives in the Diabetes and Chronic Disabling Conditions priority area of *Healthy People 2000* (objectives 17.7, 17.15, and 17.17), as well as the morbidity surveillance objectives within the Surveillance and Data Systems priority area (objectives 22.2, 22.3, 22.4, 22.6, and 22.7).

Additionally, the USEIR can provide supplemental baseline data for objectives in the Violent and Abusive Behavior priority area resulting in ocular trauma (objectives 7.6, 7.8, 7.9, and 7.12). Similarly, the USEIR can be used to supplement baseline data for Unintentional and Occupational Injuries as the variables for eye injury requiring hospitalization, falls eye injury, sports eye injury, motor vehicle crash eye injury, and work-related eye injury are currently surveyed within this system (objectives 9.2, 9.4, 9.19, 9.20, and 10.2).

USEIR data has been provided to fill requests of numerous agencies at the Federal, State, and local levels. These data have been used in a variety of ways for eye injury prevention and control. Pediatric eye injury data was supplied to the U.S. Food and Drug Administration (FDA) to assist in their planning and development of an Eye Safety Learning Unit targeting school-aged children. The USEIR contributed information that is being incorporated as an Ocular Trauma section within the U.S. Centers for Disease Control's National Agenda for Injury Prevention and Control. The USEIR's model State registry, the Eye Injury Registry of Alabama, conducted a prospective seven year survey and analysis of ocular fireworks trauma occurring within the State. The results of this survey have been used at the national, State, and local levels via public service announcements and interviews as injury preventive efforts in the days proceeding the July 4th holiday. These data were also used for proposed legislation submitted to the Alabama legislature prohibiting the statewide sale of a particularly dangerous fireworks device. The USEIR is committed and actively responding to the challenges of *Healthy People 2000* to improve the quality of health information and provide a strong database as the public enters the 21st century.

## Planned Activities

The USEIR is an ongoing, continually expanding surveillance system. Each year, new State registries become affiliates of USEIR thereby increasing the total U.S. population surveyed.

USEIR will encourage growth to improve service as a national resource on ocular trauma. The USEIR's continued accumulation, interpretation, and dissemination of ocular trauma epidemiology will be available to serve as a supplemental monitor for the Nation's progress towards meeting the goals and objectives of *Healthy People 2000*. The USEIR plans include the provision of data that is "accurate, timely, and available in usable form " to assist in "reducing unnecessary suffering, illness, and disability" as called for by the Surveillance and Data Systems objectives of *Healthy People 2000*.

## Washington Business Group on Health

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**Type of organization:** voluntary health organization.

**Year established:** 1974

**Number of current members:** 173  
companies

**Mission:** to improve the health of all Americans and mitigate the effects of illness and disability.

### Activities Supporting Healthy People 2000

The Washington Business Group on Health (WBGH), a national, non-profit membership organization of employers, responsibly presents the views of its members, as well as fosters corporate leadership on national health policy. The WBGH identifies and promotes effective human resource strategies at the worksite and in the community. In addition, the WBGH provides a forum for employers, health coalitions, government, insurers, labor, academicians, providers, and consumers to forge collaborative health policy solutions.

Since its inception, the WBGH has been devoted to disease prevention and health promotion in the worksite and the community. In 1987, it established the Prevention Leadership Forum to create a strong and credible voice for business in prevention policy development at the national, State, local and corporate levels. It currently operates the National Resource Center on Worksite Health Promotion through a cooperative agreement with the U.S. Office of Disease Prevention and Health Promotion. The goals of *Healthy People 2000* are central to all the Resource Center's initiatives.

The National Resource Center on Worksite Health Promotion works with employers, labor leaders, researchers, public health officials, and others who are interested in promoting employee health to identify innovative programs and practices, to determine employer and employee needs, and to serve as a forum for discussion of critical issues in worksite health promotion. The objectives of the Resource Center are to:

- Maintain a computerized data base of successful and innovative worksite health promotion programs and resources to encourage dissemination of these practices and to support employer decision-making and planning;
- Provide a forum for discussion of critical worksite health promotion issues by conducting symposia on issues such as labor-management cooperative initiatives in worksite health promotion; and
- Develop publications to help decision makers address current and emerging trends in worksite health promotion. The following publications have been produced:

*Healthy People 2000 at Work: Strategies for Employers;*

*Working for Good Health: Small Business and Health Promotion;*

*Financial Incentives for Healthy Lifestyles;*

*Directory of Worksite Health Promotion Resources;* and

*Directory of State Health Promotion Resources for Employers.*

The Prevention Leadership Forum (PLF) has the following projects that support the goals of Healthy People 2000:

- Maternal and Child Health - PLF is directing a five-year project entitled "National Business Partnership To Improve Family Health;" conducting a survey of corporate maternal and child health policies; and, in conjunction with the American Academy of Pediatrics and the National Commission to Prevent Infant Mortality, hosting the National Corporate Summit on Children.
- Mental Health - The PLF is directing the Depression/Awareness, Recognition, and Treatment (D/ART) National Worksite Program through a grant from the National Institute of Mental Health.
- Recognition of Innovative Corporate Health Promotion Efforts - PLF has published 18 *Worksite Wellness Media Reports* that focus on innovative corporate approaches in the field of worksite health promotion.

Other WBGH activities in support of health promotion and disease prevention include the following:

- The Institute on Aging, Work, and Health has identified health promotion for aging Americans as a key issue for business in the 1990s. This topic has been the subject of a Congressional Forum and the Institute is producing a publication, *Employer's Guide to Health Promotion and Aging*.

The Institute for Rehabilitation and Disability Management has featured disability prevention in its publications and conferences.

## **Planned Activities**

The National Resource Center on Worksite Health Promotion will publish the *Worksite Health Promotion Sourcebook*, the product of a working group of leading health promotion experts and practitioners supported by information archived in our data base. Intended to move the field forward by providing a review of state-of-the-art policy and program issues, the *Sourcebook* will encourage adoption of effective health promotion strategies. In addition, the Resource Center plans to convene a symposium of employers and labor representatives to discuss the negotiations that lead to successful labor-management cooperative efforts in worksite health promotion. The Resource Center will publish worksite briefs and short state-of-the art reviews to highlight the issues in that symposium, as well as on the use of preventive services at the worksite and the benefits of worksite health promotion.



## Wellness Councils of America

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**Type of organization:** voluntary health promotion association.

**Year established:** 1985

**Number of current members:** 30 Wellness Councils serve 2,000 corporate members and represent more than 1.5 million American workers.

**Mission:** to provide direction and support services to community-based Wellness Councils and to further their mission to promote healthier lifestyles for all Americans, especially through health promotion activities at the worksite.

### Activities Supporting Healthy People 2000

The Wellness Councils of America (WELCOA) immediately adopted the *Healthy People 2000* worksite objectives as our organization's agenda for the next decade. The objectives have become a blueprint for us, and all our organizational efforts are directed toward helping employers make a difference in their worksites.

As a first step in our decade-long plan to promote healthier lifestyles for all Americans, WELCOA produced and distributed a 24-page booklet: *Healthy People at the Worksite 2000*. The booklet promotes objective 8.6, to increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion activities. WELCOA chose the following nine *Healthy People 2000* priority areas and their specific objectives for specific focus: Alcohol and Other Drugs; Physical Activity and Fitness; Nutrition; Tobacco; Mental Health and Mental Disorders; Occupational Safety and Health; Unintentional Injuries; Clinical Preventive Services; and Maternal and Infant Health.

The booklet contains 70 program recommendations for worksite health promotion managers in these nine areas of concentration. It is especially appealing to small businesses who have the most to gain from worksite health promotion programs. The booklet provides a program focus for Wellness Councils in their monthly programming for corporate members. Councils have provided a forum for government officials to appear before corporate audiences at special conferences focusing on Healthy People 2000. Some 5,000 copies of the booklet have already been distributed through Wellness Councils to business leaders and to interested others.

WELCOA offers supplementary materials for any business of any size in the area of corporate health promotion. These include:

- *Healthy, Wealthy and Wise: A How-to Guide for Worksite Health Promotion Managers* (200-page manual on how to plan, implement and evaluate worksite programs; program ideas that work; surveys) published in 1989, revised in 1990, with more than 7,000 copies in circulation;
- *Wellness at Work: A Practical Guide for Health Promotion in Small Business*, a 32-page manual with more than 10,000 copies in circulation; and

- *Dare to Be Safe*, a traffic safety education program tailored for the workplace, developed under a cooperative agreement with the National Highway Traffic Safety Administration, includes a 120-page manual with four modules on traffic safety, with more than 7,500 copies in circulation.

WELCOA also offers guidance in program development through local Wellness Councils that exist in some 30 cities across the country.

WELCOA has published articles in its nationally circulated newsletter, *Worksite Wellness Works*, on the launching of the *Healthy People 2000* objectives in September 1990 and continues to cover the people and events that are shaping the *Healthy People 2000* effort. Publication reaches a national audience of more than 9,000 readers quarterly.

WELCOA receives more than 400 requests each month for information on worksite health promotion. Many phone and mail inquirers are referred to the U.S. Office of Disease Prevention and Health Promotion (ODPHP) as appropriate.

## **Planned Activities**

In 1991, WELCOA officially launched WELL CITY USA—a joint project with United Way of America—and issued a challenge to every community to create programs that promote and reward healthy lifestyles, especially through worksites. WELL CITY USA has two main components: WELL WORKPLACE and WELL CITY. Each worksite (business, industry, school, hospital, government, small office, and others) will be invited to apply for one of three levels of a WELL WORKPLACE designation. The centerpiece of WELL CITY USA is the community coalition made up of representatives from the public and private sectors. Community health issues and needs will be identified and action plans established.

Health-serving organizations, vendors, and government agencies will be asked to provide health promotion materials for WELL CITY USA participants in the priority areas of *Healthy People 2000* that WELCOA has targeted for workplaces. Representatives from many of this country's finest organizations, including some Consortium members, will serve on an advisory committee to this project. Pilot sites are under way in West Virginia and in Columbia, South Carolina. Other pilot sites will be announced late in 1991.

We also plan to reprint and distribute the *Healthy People at the Worksite 2000* information booklet and will consider updating the booklet as necessary.

The *Worksite Wellness Works* newsletter will continue to promote the worksite objectives of *Healthy People 2000* and cultivate a worksite awareness of the objectives and progress in meeting them.

# YMCA of the USA

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**Type of organization:** community service organization.

**Year established:** 1851

**Number of current members:** 12.6 million

**Mission:** to put Christian principles into practice through programs that build healthy body, mind, and spirit for all.

## Activities Supporting Healthy People 2000

The YMCA is a national organization that consists of 959 corporate YMCAs. This translates into 2,069 locations serving 12.6 million men, women, and children. Through a wide variety of programs and activities, YMCAs help achieve many of the objectives of *Healthy People 2000* on a daily basis.

YMCA programs, supported by the national organization through resource development and training, are organized into nine categories:

- Active older adults;
- Teen leadership;
- Aquatic;
- Child care;
- Health and fitness;
- Community development;
- Sports;
- Family; and
- Camping.

YMCA programs meet established objectives that insure that activities fit the mission of the organization. The seven YMCA program objectives state that all YMCA programs help individuals to grow personally, clarify values, improve personal and family relationships, appreciate diversity, become better leaders and supporters, develop specific skills, and have fun.

Current nationally supported YMCA programs, delivered at the community level, include aquatics, active older adults, health and fitness, teen leadership, child care, sports, and community development. Each community-based YMCA has a different mix of programs that are established to best meet the needs of the community they serve.

In October 1990, the YMCA of the USA's National Medical Advisory Committee reviewed the *Healthy People 2000* objectives and through action of the National Board, encouraged local YMCA involvement.

## **Activities Supporting Special Populations**

The YMCA of the USA, through the work of local YMCAs, has a major commitment to meeting the needs of special groups. Much of local YMCA work in this area is through community development projects, programs, and activities.

YMCAs identify community needs and react to them in appropriate ways by working in a variety of community-specific initiatives targeted at special groups. The initiatives, delivered in varying degrees of emphasis based on community need, include substance abuse programs, global education, English as a second language (ESL) classes, adult employment services, environmental programs (recycling, cleanups), short-term shelter for the homeless, residential programs for at-risk youth, Big Brothers/Big Sisters, AIDS education, adult literacy programs, G.E.D. classes, tutoring programs, youth employment services, permanent housing for low and moderate incomes, transitional housing for families, seniors social clubs, and senior citizen centers.

YMCAs also target special groups for program initiatives based on community needs. The groups served vary based on the location of the YMCA and the community structure. Groups targeted by local YMCAs include American Indians, at-risk Youth, blue-collar workers, low-income adults, refugees, teen parents, Asians, blacks, Hispanics, low-income youth, single parents, and people with disabilities. The YMCA advocates (and local associations make available) facility access, mainstreaming opportunities, and special programs and activities. The opportunities and initiatives vary in YMCAs based on the needs of the community and the role of the YMCA.

## **Planned Activities**

Our plan for the next five years focuses on the need for high quality community service. The YMCA's vision is to be the country's leader in prevention and development programs for children and families and a leader in community development, bringing community resources to bear on social problems. The YMCA believes that its vision and the organization's impact on more than 12.6 million people will help to achieve the nations goals as outlined in *Healthy People 2000*.

To accomplish this vision, the YMCA of the USA will:

- Strengthen work with families in all stages of life;
- Develop age-appropriate, coordinated programs for people aged 4 to 21;
- Develop new programs for people aged 11 to 14;
- Strengthen programs for parents and programs in child care, youth fitness, sports, and camping;
- Emphasize leadership programs for teenagers;
- Integrate environment education into programs and show active concern for the environment;
- Integrate substance abuse education and prevention into all youth programs;
- Focus on spirit, mind, and body in health and fitness programs for people of all ages and people with disabilities;
- Offer new opportunities for seniors, particularly in intergenerational programs, health, recreation, volunteer service, and social interaction;
- Double the number of volunteers nationwide, drawing on national and community leaders who will be involved in the YMCA in significant ways;
- Design a nationwide training program to ensure that all staff members and volunteers have the knowledge and skills to deliver high quality programs that are consistent with the YMCA's purpose and goals and that develop moral and ethical behavior;

- Develop a nationwide program of recruitment and staff development to ensure that there is a pool of competent and committed leaders for the future, with a particular emphasis on minorities;
- Direct international programs clearly so that partnerships with other countries increase and personal YMCA contacts are developed throughout the world; and
- Lead public policy efforts at the Federal level on issues related to YMCA programs and purpose, and support local efforts with State, city, and county governments.



# **Appendix I**

## ***Healthy People* 2000 Objectives**





# Healthy People 2000 Objectives

Duplicate objectives, which appear in two or more priority areas, are marked with an asterisk (\*).

Except as otherwise noted, all rates in the following objectives are annual. Where the baseline rate is age adjusted, it is age adjusted to the 1940 U.S. population, and the target is age adjusted also.

## 1. Physical Activity And Fitness

### Health Status Objectives

- 1.1\* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

		<i>Special Population Target</i>	
		<i>Coronary Deaths (per 100,000)</i>	
		<i>1987 Baseline</i>	<i>2000 Target</i>
1.1a	Blacks	163	115

- 1.2\* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

		<i>Special Population Targets</i>	
		<i>Overweight Prevalence</i>	
		<i>1976-80 Baseline<sup>†</sup></i>	<i>2000 Target</i>
1.2a	Low-income women aged 20 and older	37%	25%
1.2b	Black women aged 20 and older	44%	30%
1.2c	Hispanic women aged 20 and older		25%
	Mexican-American women	39% <sup>‡</sup>	
	Cuban women	34% <sup>‡</sup>	
	Puerto Rican women	37% <sup>‡</sup>	
1.2d	American Indians/Alaska Natives	29-75% <sup>§</sup>	30%
1.2e	People with disabilities	36% <sup>†</sup>	25%
1.2f	Women with high blood pressure	50%	41%
1.2g	Men with high blood pressure	39%	35%

<sup>†</sup>Baseline for people aged 20-74 <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74

<sup>§</sup>1984-88 estimates for different tribes <sup>\*</sup>1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions

*Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.*

### Risk Reduction Objectives

- 1.3\* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

*Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.*

- 1.4 Increase to at least 20 percent the proportion of people aged 18 and older and to at least 75 percent the proportion of children and adolescents aged 6 through 17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion. (Baseline: 12 percent for people aged 18 and older in 1985; 66 percent for youth aged 10 through 17 in 1984)

*Special Population Target*

	<i>Vigorous Physical Activity</i>	<i>1985 Baseline</i>	<i>2000 Target</i>
1.4a	Lower-income people aged 18 and older (annual family income <\$20,000)	7%	12%

*Note: Vigorous physical activities are rhythmic, repetitive physical activities that use large muscle groups at 60 percent or more of maximum heart rate for age. An exercise heart rate of 60 percent of maximum heart rate for age is about 50 percent of maximal cardiorespiratory capacity and is sufficient for cardiorespiratory conditioning. Maximum heart rate equals roughly 220 beats per minute minus age.*

- 1.5 Reduce to no more than 15 percent the proportion of people aged 6 and older who engage in no leisure-time physical activity. (Baseline: 24 percent for people aged 18 and older in 1985)

*Special Population Targets*

	<i>No Leisure-Time Physical Activity</i>	<i>1985 Baseline</i>	<i>2000 Target</i>
1.5a	People aged 65 and older	43%	22%
1.5b	People with disabilities	35% <sup>†</sup>	20%
1.5c	Lower-income people (annual family income <\$20,000)	32% <sup>†</sup>	17%

<sup>†</sup>Baseline for people aged 18 and older

*Note: For this objective, people with disabilities are people who report any limitation in activity due to chronic conditions.*

- 1.6 Increase to at least 40 percent the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and flexibility. (Baseline data available in 1991)
- 1.7\* Increase to at least 50 percent the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Baseline: 30 percent of overweight women and 25 percent of overweight men for people aged 18 and older in 1985)

## Services and Protection Objectives

- 1.8 Increase to at least 50 percent the proportion of children and adolescents in 1st through 12th grade who participate in daily school physical education. (Baseline: 36 percent in 1984-86)
- 1.9 Increase to at least 50 percent the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities. (Baseline: Students spent an estimated 27 percent of class time being physically active in 1983)

*Note: Lifetime activities are activities that may be readily carried into adulthood because they generally need only one or two people. Examples include swimming, bicycling, jogging, and racquet sports. Also counted as lifetime activities are vigorous social activities such as dancing. Competitive group sports and activities typically played only by young children such as group games are excluded.*

- 1.10 Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

<i>Worksite Size</i>	<i>1985 Baseline</i>	<i>2000 Target</i>
50-99 employees	14%	20%
100-249 employees	23%	35%
250-749 employees	32%	50%
≥750 employees	54%	80%

- 1.11 Increase community availability and accessibility of physical activity and fitness facilities as follows:

<i>Facility</i>	<i>1986 Baseline</i>	<i>2000 Target</i>
Hiking, biking, and fitness trail miles	1 per 71,000 people	1 per 10,000 people
Public swimming pools	1 per 53,000 people	1 per 25,000 people
Acres of park and recreation open space	1.8 per 1,000 people (553 people per managed acre)	4 per 1,000 people (250 people per managed acre)

- 1.12 Increase to at least 50 percent the proportion of primary care providers who routinely assess and counsel their patients regarding the frequency, duration, type, and intensity of each patient's physical activity practices. (Baseline: Physicians provided exercise counseling for about 30 percent of sedentary patients in 1988)

## 2. Nutrition

### Health Status Objectives

- 2.1\* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

#### Special Population Target

Coronary Deaths (per 100,000)		1987 Baseline	2000 Target
2.1a	Blacks	163	115

- 2.2\* Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000 people. (Age-adjusted baseline: 133 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 171 and 175 per 100,000, respectively.*

- 2.3\* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

#### Special Population Targets

Overweight Prevalence		1976-80 Baseline <sup>†</sup>	2000 Target
2.3a	Low-income women aged 20 and older	37%	25%
2.3b	Black women aged 20 and older	44%	30%
2.3c	Hispanic women aged 20 and older		25%
	Mexican-American women	39% <sup>‡</sup>	
	Cuban women	34% <sup>‡</sup>	
	Puerto Rican women	37% <sup>‡</sup>	
2.3d	American Indians/Alaska Natives	29-75% <sup>§</sup>	30%
2.3e	People with disabilities	36% <sup>+</sup>	25%
2.3f	Women with high blood pressure	50%	41%
2.3g	Men with high blood pressure	39%	35%

<sup>†</sup>Baseline for people aged 20-74   <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74

<sup>§</sup>1984-88 estimates for different tribes   <sup>+</sup>1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions

*Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.*

- 2.4 Reduce growth retardation among low-income children aged 5 and younger to less than 10 percent. (Baseline: Up to 16 percent among low-income children in 1988, depending on age and race/ethnicity)

#### Special Population Targets

Prevalence of Short Stature		1988 Baseline	2000 Target
2.4a	Low-income black children <age 1	15%	10%
2.4b	Low-income Hispanic children <age 1	13%	10%
2.4c	Low-income Hispanic children aged 1	16%	10%
2.4d	Low-income Asian/Pacific Islander children aged 1	14%	10%
2.4e	Low-income Asian/Pacific Islander children aged 2-4	16%	10%

*Note: Growth retardation is defined as height-for-age below the fifth percentile of children in the National Center for Health Statistics' reference population.*

### Risk Reduction Objectives

- 2.5\* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)
- 2.6\* Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Baseline: 2½ servings of vegetables and fruits and 3 servings of grain products for women aged 19 through 50 in 1985)
- 2.7\* Increase to at least 50 percent the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight. (Baseline: 30 percent of overweight women and 25 percent of overweight men for people aged 18 and older in 1985)

- 2.8 Increase calcium intake so at least 50 percent of youth aged 12 through 24 and 50 percent of pregnant and lactating women consume 3 or more servings daily of foods rich in calcium, and at least 50 percent of people aged 25 and older consume 2 or more servings daily. (Baseline: 7 percent of women and 14 percent of men aged 19 through 24 and 24 percent of pregnant and lactating women consumed 3 or more servings, and 15 percent of women and 23 percent of men aged 25 through 50 consumed 2 or more servings in 1985-86)

*Note: The number of servings of foods rich in calcium is based on milk and milk products. A serving is considered to be 1 cup of skim milk or its equivalent in calcium (302 mg). The number of servings in this objective will generally provide approximately three-fourths of the 1989 Recommended Dietary Allowance (RDA) of calcium. The RDA is 1200 mg for people aged 12 through 24, 800 mg for people aged 25 and older, and 1200 mg for pregnant and lactating women.*

- 2.9 Decrease salt and sodium intake so at least 65 percent of home meal preparers prepare foods without adding salt, at least 80 percent of people avoid using salt at the table, and at least 40 percent of adults regularly purchase foods modified or lower in sodium. (Baseline: 54 percent of women aged 19 through 50 who served as the main meal preparer did not use salt in food preparation, and 68 percent of women aged 19 through 50 did not use salt at the table in 1985; 20 percent of all people aged 18 and older regularly purchased foods with reduced salt and sodium content in 1988)
- 2.10 Reduce iron deficiency to less than 3 percent among children aged 1 through 4 and among women of childbearing age. (Baseline: 9 percent for children aged 1 through 2, 4 percent for children aged 3 through 4, and 5 percent for women aged 20 through 44 in 1976-80)

*Special Population Targets*

<i>Iron Deficiency Prevalence</i>		<i>1976-80 Baseline</i>	<i>2000 Target</i>
2.10a	Low-income children aged 1-2	21%	10%
2.10b	Low-income children aged 3-4	10%	5%
2.10c	Low-income women of childbearing age	8% <sup>†</sup>	4%

<i>Anemia Prevalence</i>		<i>1983-85 Baseline</i>	<i>2000 Target</i>
2.10d	Alaska Native children aged 1-5	22-28%	10%
2.10e	Black, low-income pregnant women (third trimester)	41% <sup>†</sup>	20%
<sup>†</sup> Baseline for women aged 20-44 <sup>*</sup> 1988 baseline for women aged 15-44			

*Note: Iron deficiency is defined as having abnormal results for 2 or more of the following tests: mean corpuscular volume, erythrocyte protoporphyrin, and transferrin saturation. Anemia is used as an index of iron deficiency. Anemia among Alaska Native children was defined as hemoglobin <11 gm/dL or hematocrit <34 percent. For pregnant women in the third trimester, anemia was defined according to CDC criteria. The above prevalences of iron deficiency and anemia may be due to inadequate dietary iron intakes or to inflammatory conditions and infections. For anemia, genetics may also be a factor.*

- 2.11\* Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

*Special Population Targets*

<i>Mothers Breastfeeding Their Babies: During Early Postpartum Period—</i>		<i>1988 Baseline</i>	<i>2000 Target</i>
2.11a	Low-income mothers	32%	75%
2.11b	Black mothers	25%	75%
2.11c	Hispanic mothers	51%	75%
2.11d	American Indian/Alaska Native mothers	47%	75%

<i>At Age 5-6 Months—</i>			
2.11a	Low-income mothers	9%	50%
2.11b	Black mothers	8%	50%
2.11c	Hispanic mothers	16%	50%
2.11d	American Indian/Alaska Native mothers	28%	50%

- 2.12\* Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (Baseline data available in 1991)

*Special Population Targets*

<i>Appropriate Feeding Practices</i>		<i>Baseline</i>	<i>2000 Target</i>
2.12a	Parents and caregivers with less than high school education	—	65%
2.12b	American Indian/Alaska Native parents and caregivers	—	65%

- 2.13 Increase to at least 85 percent the proportion of people aged 18 and older who use food labels to make nutritious food selections. (Baseline: 74 percent used labels to make food selections in 1988)

## Services and Protection Objectives

- 2.14 Achieve useful and informative nutrition labeling for virtually all processed foods and at least 40 percent of fresh meats, poultry, fish, fruits, vegetables, baked goods, and ready-to-eat carry-away foods. (Baseline: 60 percent of sales of processed foods regulated by FDA had nutrition labeling in 1988; baseline data on fresh and carry-away foods unavailable)

- 2.15 Increase to at least 5,000 brand items the availability of processed food products that are reduced in fat and saturated fat. (Baseline: 2,500 items reduced in fat in 1986)  
*Note: A brand item is defined as a particular flavor and/or size of a specific brand and is typically the consumer unit of purchase.*
- 2.16 Increase to at least 90 percent the proportion of restaurants and institutional food service operations that offer identifiable low-fat, low-calorie food choices, consistent with the *Dietary Guidelines for Americans*. (Baseline: About 70 percent of fast food and family restaurant chains with 350 or more units had at least one low-fat, low-calorie item on their menu in 1989)
- 2.17 Increase to at least 90 percent the proportion of school lunch and breakfast services and child care food services with menus that are consistent with the nutrition principles in the *Dietary Guidelines for Americans*. (Baseline data available in 1993)
- 2.18 Increase to at least 80 percent the receipt of home food services by people aged 65 and older who have difficulty in preparing their own meals or are otherwise in need of home-delivered meals. (Baseline data available in 1991)
- 2.19 Increase to at least 75 percent the proportion of the Nation's schools that provide nutrition education from preschool through 12th grade, preferably as part of quality school health education. (Baseline data available in 1991)
- 2.20 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees. (Baseline: 17 percent offered nutrition education activities and 15 percent offered weight control activities in 1985)
- 2.21 Increase to at least 75 percent the proportion of primary care providers who provide nutrition assessment and counseling and/or referral to qualified nutritionists or dietitians. (Baseline: Physicians provided diet counseling for an estimated 40 to 50 percent of patients in 1988)

### 3. Tobacco

#### Health Status Objectives

- 3.1\* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

##### Special Population Target

	Coronary Deaths (per 100,000)	1987 Baseline	2000 Target
3.1a	Blacks	163	115

3.2\* Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000 people. (Age-adjusted baseline: 37.9 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 47.9 and 53 per 100,000, respectively.*

- 3.3 Slow the rise in deaths from chronic obstructive pulmonary disease to achieve a rate of no more than 25 per 100,000 people. (Age-adjusted baseline: 18.7 per 100,000 in 1987)

*Note: Deaths from chronic obstructive pulmonary disease include deaths due to chronic bronchitis, emphysema, asthma, and other chronic obstructive pulmonary diseases and allied conditions.*

#### Risk Reduction Objectives

- 3.4\* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

##### Special Population Targets

	Cigarette Smoking Prevalence	1987 Baseline	2000 Target
3.4a	People with a high school education or less aged 20 and older	34%	20%
3.4b	Blue-collar workers aged 20 and older	36%	20%
3.4c	Military personnel	42% <sup>†</sup>	20%
3.4d	Blacks aged 20 and older	34%	18%
3.4e	Hispanics aged 20 and older	33% <sup>†</sup>	18%
3.4f	American Indians/Alaska Natives	42-70% <sup>§</sup>	20%
3.4g	Southeast Asian men	55% <sup>†</sup>	20%
3.4h	Women of reproductive age	29% <sup>††</sup>	12%
3.4i	Pregnant women	25% <sup>†‡</sup>	10%
3.4j	Women who use oral contraceptives	36% <sup>§§</sup>	10%

<sup>†</sup>1988 baseline <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74 <sup>§</sup>1979-87 estimates for different tribes

<sup>††</sup>1984-88 baseline <sup>†††</sup>Baseline for women aged 18-44 <sup>††††</sup>1985 baseline <sup>§§</sup>1983 baseline

*Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.*

- 3.5 Reduce the initiation of cigarette smoking by children and youth so that no more than 15 percent have become regular cigarette smokers by age 20. (Baseline: 30 percent of youth had become regular cigarette smokers by ages 20 through 24 in 1987)

*Special Population Target*

<i>Initiation of Smoking</i>		<i>1987 Baseline</i>	<i>2000 Target</i>
3.5a	Lower socioeconomic status youth <sup>†</sup> <sup>†</sup> As measured by people aged 20-24 with a high school education or less	40%	18%

- 3.6 Increase to at least 50 percent the proportion of cigarette smokers aged 18 and older who stopped smoking cigarettes for at least one day during the preceding year. (Baseline: In 1986, 34 percent of people who smoked in the preceding year stopped for at least one day during that year)
- 3.7 Increase smoking cessation during pregnancy so that at least 60 percent of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of their pregnancy. (Baseline: 39 percent of white women aged 20 through 44 quit at any time during pregnancy in 1985)

*Special Population Target*

<i>Cessation and Abstinence During Pregnancy</i>		<i>1985 Baseline</i>	<i>2000 Target</i>
3.7a	Women with less than a high school education <sup>†</sup> Baseline for white women aged 20-44	28% <sup>†</sup>	45%

- 3.8 Reduce to no more than 20 percent the proportion of children aged 6 and younger who are regularly exposed to tobacco smoke at home. (Baseline: More than 39 percent in 1986, as 39 percent of households with one or more children aged 6 or younger had a cigarette smoker in the household)

*Note: Regular exposure to tobacco smoke at home is defined as the occurrence of tobacco smoking anywhere in the home on more than 3 days each week.*

- 3.9 Reduce smokeless tobacco use by males aged 12 through 24 to a prevalence of no more than 4 percent. (Baseline: 6.6 percent among males aged 12 through 17 in 1988; 8.9 percent among males aged 18 through 24 in 1987)

*Special Population Target*

<i>Smokeless Tobacco Use</i>		<i>1986-87 Baseline</i>	<i>2000 Target</i>
3.9a	American Indian/Alaska Native youth	18-64%	10%

*Note: For males aged 12 through 17, a smokeless tobacco user is someone who has used snuff or chewing tobacco in the preceding month. For males aged 18 through 24, a smokeless tobacco user is someone who has used either snuff or chewing tobacco at least 20 times and who currently uses snuff or chewing tobacco.*

## Services and Protection Objectives

- 3.10 Establish tobacco-free environments and include tobacco use prevention in the curricula of all elementary, middle, and secondary schools, preferably as part of quality school health education. (Baseline: 17 percent of school districts totally banned smoking on school premises or at school functions in 1988; antismoking education was provided by 78 percent of school districts at the high school level, 81 percent at the middle school level, and 75 percent at the elementary school level in 1988)
- 3.11 Increase to at least 75 percent the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace. (Baseline: 27 percent of worksites with 50 or more employees in 1985; 54 percent of medium and large companies in 1987)
- 3.12 Enact in 50 States comprehensive laws on clean indoor air that prohibit or strictly limit smoking in the workplace and enclosed public places (including health care facilities, schools, and public transportation). (Baseline: 42 States and the District of Columbia had laws restricting smoking in public places; 31 States restricted smoking in public workplaces; but only 13 States had comprehensive laws regulating smoking in private as well as public worksites and at least 4 public places, including restaurants, as of 1988)
- 3.13 Enact and enforce in 50 States laws prohibiting the sale and distribution of tobacco products to youth younger than age 19. (Baseline: 44 States and the District of Columbia had, but rarely enforced, laws regulating the sale and/or distribution of cigarettes or tobacco products to minors in 1990; only 3 set the age of majority at 19 and only 6 prohibited cigarette vending machines accessible to minors)
- Note: Model legislation proposed by DHHS recommends licensure of tobacco vendors, civil money penalties and license suspension or revocation for violations, and a ban on cigarette vending machines.*
- 3.14 Increase to 50 the number of States with plans to reduce tobacco use, especially among youth. (Baseline: 12 States in 1989)
- 3.15 Eliminate or severely restrict all forms of tobacco product advertising and promotion to which youth younger than age 18 are likely to be exposed. (Baseline: Radio and television advertising of tobacco products were prohibited, but other restrictions on advertising and promotion to which youth may be exposed were minimal in 1990)
- 3.16 Increase to at least 75 percent the proportion of primary care and oral health care providers who routinely advise cessation and provide assistance and followup for all of their tobacco-using patients. (Baseline: About 52 percent of internists reported counseling more than 75 percent of their smoking patients about smoking cessation in 1986; about 35 percent of dentists reported counseling at least 75 percent of their smoking patients about smoking in 1986)

## 4. Alcohol and Other Drugs

### Health Status Objectives

- 4.1 Reduce deaths caused by alcohol-related motor vehicle crashes to no more than 8.5 per 100,000 people. (Age-adjusted baseline: 9.8 per 100,000 in 1987)

#### Special Population Targets

Alcohol-Related Motor Vehicle Crash Deaths (per 100,000)		1987 Baseline	2000 Target
4.1a	American Indian/Alaska Native men	52.2	44.8
4.1b	People aged 15-24	21.5	18

- 4.2 Reduce cirrhosis deaths to no more than 6 per 100,000 people. (Age-adjusted baseline: 9.1 per 100,000 in 1987)

#### Special Population Targets

Cirrhosis Deaths (per 100,000)		1987 Baseline	2000 Target
4.2a	Black men	22	12
4.2b	American Indians/Alaska Natives	25.9	13

- 4.3 Reduce drug-related deaths to no more than 3 per 100,000 people. (Age-adjusted baseline: 3.8 per 100,000 in 1987)
- 4.4 Reduce drug abuse-related hospital emergency department visits by at least 20 percent. (Baseline data available in 1991)

### Risk Reduction Objectives

- 4.5 Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12 through 17. (Baseline: Age 11.6 for cigarettes, age 13.1 for alcohol, and age 13.4 for marijuana in 1988)
- 4.6 Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month, as follows:

Substance/Age	1988 Baseline	2000 Target
Alcohol/aged 12-17	25.2%	12.6%
Alcohol/aged 18-20	57.9%	29%
Marijuana/aged 12-17	6.4%	3.2%
Marijuana/aged 18-25	15.5%	7.8%
Cocaine/aged 12-17	1.1%	0.6%
Cocaine/aged 18-25	4.5%	2.3%

*Note: The targets of this objective are consistent with the goals established by the Office of National Drug Control Policy, Executive Office of the President.*

- 4.7 Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28 percent of high school seniors and 32 percent of college students. (Baseline: 33 percent of high school seniors and 41.7 percent of college students in 1989)

*Note: Recent heavy drinking is defined as having 5 or more drinks on one occasion in the previous 2-week period as monitored by self-reports.*

- 4.8 Reduce alcohol consumption by people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person. (Baseline: 2.54 gallons of ethanol in 1987)

- 4.9 Increase the proportion of high school seniors who perceive social disapproval associated with the heavy use of alcohol, occasional use of marijuana, and experimentation with cocaine, as follows:

Behavior	1989 Baseline	2000 Target
Heavy use of alcohol	56.4%	70%
Occasional use of marijuana	71.1%	85%
Trying cocaine once or twice	88.9%	95%

*Note: Heavy drinking is defined as having 5 or more drinks once or twice each weekend.*

- 4.10 Increase the proportion of high school seniors who associate risk of physical or psychological harm with the heavy use of alcohol, regular use of marijuana, and experimentation with cocaine, as follows:

Behavior	1989 Baseline	2000 Target
Heavy use of alcohol	44%	70%
Regular use of marijuana	77.5%	90%
Trying cocaine once or twice	54.9%	80%

*Note: Heavy drinking is defined as having 5 or more drinks once or twice each weekend.*

- 4.11 Reduce to no more than 3 percent the proportion of male high school seniors who use anabolic steroids. (Baseline: 4.7 percent in 1989)

### Services and Protection Objectives

- 4.12 Establish and monitor in 50 States comprehensive plans to ensure access to alcohol and drug treatment programs for traditionally underserved people. (Baseline data available in 1991)

- 4.13 Provide to children in all school districts and private schools primary and secondary school educational programs on alcohol and other drugs, preferably as part of quality school health education. (Baseline: 63 percent provided some instruction, 39 percent provided counseling, and 23 percent referred students for clinical assessments in 1987)
- 4.14 Extend adoption of alcohol and drug policies for the work environment to at least 60 percent of worksites with 50 or more employees. (Baseline data available in 1991)
- 4.15 Extend to 50 States administrative driver's license suspension/revocation laws or programs of equal effectiveness for people determined to have been driving under the influence of intoxicants. (Baseline: 28 States and the District of Columbia in 1990)
- 4.16 Increase to 50 the number of States that have enacted and enforce policies, beyond those in existence in 1989, to reduce access to alcoholic beverages by minors.
- Note: Policies to reduce access to alcoholic beverages by minors may include those that address restriction of the sale of alcoholic beverages at recreational and entertainment events at which youth make up a majority of participants/consumers, product pricing, penalties and license-revocation for sale of alcoholic beverages to minors, and other approaches designed to discourage and restrict purchase of alcoholic beverages by minors.*
- 4.17 Increase to at least 20 the number of States that have enacted statutes to restrict promotion of alcoholic beverages that is focused principally on young audiences. (Baseline data available in 1992)
- 4.18 Extend to 50 States legal blood alcohol concentration tolerance levels of .04 percent for motor vehicle drivers aged 21 and older and .00 percent for those younger than age 21. (Baseline: 0 States in 1990)
- 4.19 Increase to at least 75 percent the proportion of primary care providers who screen for alcohol and other drug use problems and provide counseling and referral as needed. (Baseline data available in 1992)

## 5. Family Planning

### Health Status Objectives

- 5.1 Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. (Baseline: 71.1 pregnancies per 1,000 girls aged 15 through 17 in 1985)

#### Special Population Targets

	Pregnancies (per 1,000)	1985 Baseline	2000 Target
5.1a	Black adolescent girls aged 15-19	186 <sup>†</sup>	120
5.1b	Hispanic adolescent girls aged 15-19	158	105
	<sup>†</sup> Non-white adolescents		

*Note: For black and Hispanic adolescent girls, baseline data are unavailable for those aged 15 through 17. The targets for these two populations are based on data for women aged 15 through 19. If more complete data become available, a 35-percent reduction from baseline figures should be used as the target.*

- 5.2 Reduce to no more than 30 percent the proportion of all pregnancies that are unintended. (Baseline: 56 percent of pregnancies in the previous 5 years were unintended, either unwanted or earlier than desired, in 1988)

#### Special Population Target

	Unintended Pregnancies	1988 Baseline	2000 Target
5.2a	Black women	78%	40%

- 5.3 Reduce the prevalence of infertility to no more than 6.5 percent. (Baseline: 7.9 percent of married couples with wives aged 15 through 44 in 1988)

#### Special Population Targets

	Prevalence of Infertility	1988 Baseline	2000 Target
5.3a	Black couples	12.1%	9%
5.3b	Hispanic couples	12.4%	9%

*Note: Infertility is the failure of couples to conceive after 12 months of intercourse without contraception.*

### Risk Reduction Objectives

- 5.4\* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)
- 5.5 Increase to at least 40 percent the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous 3 months. (Baseline: 26 percent of sexually active girls aged 15 through 17 in 1988)
- 5.6 Increase to at least 90 percent the proportion of sexually active, unmarried people aged 19 and younger who use contraception, especially combined method contraception that both effectively prevents pregnancy and provides barrier protection against disease. (Baseline: 78 percent at most recent intercourse and 63 percent at first intercourse; 2 percent used oral contraceptives and the condom at most recent intercourse; among young women aged 15 through 19 reporting in 1988)

*Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.*



- 5.7 Increase the effectiveness with which family planning methods are used, as measured by a decrease to no more than 5 percent in the proportion of couples experiencing pregnancy despite use of a contraceptive method. (Baseline: Approximately 10 percent of women using reversible contraceptive methods experienced an unintended pregnancy in 1982)

### Services and Protection Objectives

- 5.8 Increase to at least 85 percent the proportion of people aged 10 through 18 who have discussed human sexuality, including values surrounding sexuality, with their parents and/or have received information through another parentally endorsed source, such as youth, school, or religious programs. (Baseline: 66 percent of people aged 13 through 18 have discussed sexuality with their parents; reported in 1986)

*Note: This objective, which supports family communication on a range of vital personal health issues, will be tracked using the National Health Interview Survey, a continuing, voluntary, national sample survey of adults who report on household characteristics including such items as illnesses, injuries, use of health services, and demographic characteristics.*

- 5.9 Increase to at least 90 percent the proportion of pregnancy counselors who offer positive, accurate information about adoption to their unmarried patients with unintended pregnancies. (Baseline: 60 percent of pregnancy counselors in 1984)

*Note: Pregnancy counselors are any providers of health or social services who discuss the management or outcome of pregnancy with a woman after she has received a diagnosis of pregnancy.*

- 5.10\* Increase to at least 60 percent the proportion of primary care providers who provide age-appropriate preconception care and counseling. (Baseline data available in 1992)
- 5.11\* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)

## 6. Mental Health and Mental Disorders

### Health Status Objectives

- 6.1\* Reduce suicides to no more than 10.5 per 100,000 people. (Age-adjusted baseline: 11.7 per 100,000 in 1987)

#### Special Population Targets

Suicides (per 100,000)		1987 Baseline	2000 Target
6.1a	Youth aged 15-19	10.3	8.2
6.1b	Men aged 20-34	25.2	21.4
6.1c	White men aged 65 and older	46.1	39.2
6.1d	American Indian/Alaska Native men in Reservation States	15	12.8

- 6.2\* Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17. (Baseline data available in 1991)
- 6.3 Reduce to less than 10 percent the prevalence of mental disorders among children and adolescents. (Baseline: An estimated 12 percent among youth younger than age 18 in 1989)
- 6.4 Reduce the prevalence of mental disorders (exclusive of substance abuse) among adults living in the community to less than 10.7 percent. (Baseline: One-month point prevalence of 12.6 percent in 1984)
- 6.5 Reduce to less than 35 percent the proportion of people aged 18 and older who experienced adverse health effects from stress within the past year. (Baseline: 42.6 percent in 1985)

#### Special Population Target

	1985 Baseline	2000 Target
6.5a	People with disabilities	53.5% 40%

*Note: For this objective, people with disabilities are people who report any limitation in activity due to chronic conditions.*

### Risk Reduction Objectives

- 6.6 Increase to at least 30 percent the proportion of people aged 18 and older with severe, persistent mental disorders who use community support programs. (Baseline: 15 percent in 1986)
- 6.7 Increase to at least 45 percent the proportion of people with major depressive disorders who obtain treatment. (Baseline: 31 percent in 1982)

- 6.8 Increase to at least 20 percent the proportion of people aged 18 and older who seek help in coping with personal and emotional problems. (Baseline: 11.1 percent in 1985)

*Special Population Target*

	1985 Baseline	2000 Target
6.8a People with disabilities	14.7%	30%
6.9 Decrease to no more than 5 percent the proportion of people aged 18 and older who report experiencing significant levels of stress who do not take steps to reduce or control their stress. (Baseline: 21 percent in 1985)		

## Services and Protection Objectives

- 6.10\* Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent suicide by jail inmates. (Baseline data available in 1992)
- 6.11 Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress. (Baseline: 26.6 percent in 1985)
- 6.12 Establish mutual help clearinghouses in at least 25 States. (Baseline: 9 States in 1989)
- 6.13 Increase to at least 50 percent the proportion of primary care providers who routinely review with patients their patients' cognitive, emotional, and behavioral functioning and the resources available to deal with any problems that are identified. (Baseline data available in 1992)
- 6.14 Increase to at least 75 percent the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent-child functioning, with appropriate counseling, referral, and followup, in their clinical practices. (Baseline data available in 1992)

## 7. Violent and Abusive Behavior

### Health Status Objectives

- 7.1 Reduce homicides to no more than 7.2 per 100,000 people. (Age-adjusted baseline: 8.5 per 100,000 in 1987)

*Special Population Targets*

	Homicide Rate (per 100,000)	1987 Baseline	2000 Target
7.1a Children aged 3 and younger		3.9	3.1
7.1b Spouses aged 15-34		1.7	1.4
7.1c Black men aged 15-34		90.5	72.4
7.1d Hispanic men aged 15-34		53.1	42.5
7.1e Black women aged 15-34		20.0	16.0
7.1f American Indians/Alaska Natives in Reservation States		14.1	11.3
7.2* Reduce suicides to no more than 10.5 per 100,000 people. (Age-adjusted baseline: 11.7 per 100,000 in 1987)			

*Special Population Targets*

	Suicides (per 100,000)	1987 Baseline	2000 Target
7.2a Youth aged 15-19		10.3	8.2
7.2b Men aged 20-34		25.2	21.4
7.2c White men aged 65 and older		46.1	39.2
7.2d American Indian/Alaska Native men in Reservation States		15	12.8
7.3 Reduce weapon-related violent deaths to no more than 12.6 per 100,000 people from major causes. (Age-adjusted baseline: 12.9 per 100,000 by firearms, 1.9 per 100,000 by knives, in 1987)			
7.4 Reverse to less than 25.2 per 1,000 children the rising incidence of maltreatment of children younger than age 18. (Baseline: 25.2 per 1,000 in 1986)			

*Type-Specific Targets*

	Incidence of Types of Maltreatment (per 1,000)	1986 Baseline	2000 Target
7.4a Physical abuse		5.7	<5.7
7.4b Sexual abuse		2.5	<2.5
7.4c Emotional abuse		3.4	<3.4
7.4d Neglect		15.9	<15.9
7.5 Reduce physical abuse directed at women by male partners to no more than 27 per 1,000 couples. (Baseline: 30 per 1,000 in 1985)			
7.6 Reduce assault injuries among people aged 12 and older to no more than 10 per 1,000 people. (Baseline: 11.1 per 1,000 in 1986)			

- 7.7 Reduce rape and attempted rape of women aged 12 and older to no more than 108 per 100,000 women. (Baseline: 120 per 100,000 in 1986)

*Special Population Target*

<i>Incidence of Rape and Attempted Rape (per 100,000)</i>		<i>1986 Baseline</i>	<i>2000 Target</i>
7.7a	Women aged 12-34	250	225

- 7.8\* Reduce by 15 percent the incidence of injurious suicide attempts among adolescents aged 14 through 17. (Baseline data available in 1991)

### Risk Reduction Objectives

- 7.9 Reduce by 20 percent the incidence of physical fighting among adolescents aged 14 through 17. (Baseline data available in 1991)
- 7.10 Reduce by 20 percent the incidence of weapon-carrying by adolescents aged 14 through 17. (Baseline data available in 1991)
- 7.11 Reduce by 20 percent the proportion of people who possess weapons that are inappropriately stored and therefore dangerously available. (Baseline data available in 1992)

### Services and Protection Objectives

- 7.12 Extend protocols for routinely identifying, treating, and properly referring suicide attempters, victims of sexual assault, and victims of spouse, elder, and child abuse to at least 90 percent of hospital emergency departments. (Baseline data available in 1992)
- 7.13 Extend to at least 45 States implementation of unexplained child death review systems. (Baseline data available in 1991)
- 7.14 Increase to at least 30 the number of States in which at least 50 percent of children identified as neglected or physically or sexually abused receive physical and mental evaluation with appropriate followup as a means of breaking the intergenerational cycle of abuse. (Baseline data available in 1993)
- 7.15 Reduce to less than 10 percent the proportion of battered women and their children turned away from emergency housing due to lack of space. (Baseline: 40 percent in 1987)
- 7.16 Increase to at least 50 percent the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as a part of quality school health education. (Baseline data available in 1991)
- 7.17 Extend coordinated, comprehensive violence prevention programs to at least 80 percent of local jurisdictions with populations over 100,000. (Baseline data available in 1993)
- 7.18\* Increase to 50 the number of States with officially established protocols that engage mental health, alcohol and drug, and public health authorities with corrections authorities to facilitate identification and appropriate intervention to prevent suicide by jail inmates. (Baseline data available in 1992)

## 8. Educational and Community-Based Programs

### Health Status Objective

- 8.1\* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

*Special Population Targets*

<i>Years of Healthy Life</i>		<i>1980 Baseline</i>	<i>2000 Target</i>
8.1a	Blacks	56	60
8.1b	Hispanics	62	65
8.1c	People aged 65 and older	12 <sup>†</sup>	14 <sup>†</sup>

<sup>†</sup>Years of healthy life remaining at age 65

*Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.*

### Risk Reduction Objective

- 8.2 Increase the high school graduation rate to at least 90 percent, thereby reducing risks for multiple problem behaviors and poor mental and physical health. (Baseline: 79 percent of people aged 20 through 21 had graduated from high school with a regular diploma in 1989)

*Note: This objective and its target are consistent with the National Education Goal to increase high school graduation rates. The baseline estimate is a proxy. When a measure is chosen to monitor the National Education Goal, the same measure and data source will be used to track this objective.*

### Services and Protection Objectives

- 8.3 Achieve for all disadvantaged children and children with disabilities access to high quality and developmentally appropriate preschool programs that help prepare children for school, thereby improving their prospects with regard to school performance, problem behaviors, and mental and physical health. (Baseline: 47 percent of eligible children aged 4 were afforded the opportunity to enroll in Head Start in 1990)
- Note: This objective and its target are consistent with the National Education Goal to increase school readiness and its objective to increase access to preschool programs for disadvantaged and disabled children. The baseline estimate is an available, but partial, proxy. When a measure is chosen to monitor this National Education Objective, the same measure and data source will be used to track this objective.*
- 8.4 Increase to at least 75 percent the proportion of the Nation's elementary and secondary schools that provide planned and sequential kindergarten through 12th grade quality school health education. (Baseline data available in 1991)
- 8.5 Increase to at least 50 percent the proportion of postsecondary institutions with institutionwide health promotion programs for students, faculty, and staff. (Baseline: At least 20 percent of higher education institutions offered health promotion activities for students in 1989-90)
- 8.6 Increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion activities for their employees, preferably as part of a comprehensive employee health promotion program. (Baseline: 65 percent of worksites with 50 or more employees offered at least one health promotion activity in 1985; 63 percent of medium and large companies had a wellness program in 1987)
- 8.7 Increase to at least 20 percent the proportion of hourly workers who participate regularly in employer-sponsored health promotion activities. (Baseline data available in 1992)
- 8.8 Increase to at least 90 percent the proportion of people aged 65 and older who had the opportunity to participate during the preceding year in at least one organized health promotion program through a senior center, lifecare facility, or other community-based setting that serves older adults. (Baseline data available in 1992)
- 8.9 Increase to at least 75 percent the proportion of people aged 10 and older who have discussed issues related to nutrition, physical activity, sexual behavior, tobacco, alcohol, other drugs, or safety with family members on at least one occasion during the preceding month. (Baseline data available in 1991)
- Note: This objective, which supports family communication on a range of vital personal health issues, will be tracked using the National Health Interview Survey, a continuing, voluntary, national sample survey of adults who report on household characteristics including such items as illnesses, injuries, use of health services, and demographic characteristics.*
- 8.10 Establish community health promotion programs that separately or together address at least three of the Healthy People 2000 priorities and reach at least 40 percent of each State's population. (Baseline data available in 1992)
- 8.11 Increase to at least 50 percent the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. (Baseline data available in 1992)
- Note: This objective will be tracked in counties in which a racial or ethnic group constitutes more than 10 percent of the population.*
- 8.12 Increase to at least 90 percent the proportion of hospitals, health maintenance organizations, and large group practices that provide patient education programs, and to at least 90 percent the proportion of community hospitals that offer community health promotion programs addressing the priority health needs of their communities. (Baseline: 66 percent of 6,821 registered hospitals provided patient education services in 1987; 60 percent of 5,677 community hospitals offered community health promotion programs in 1987)
- 8.13 Increase to at least 75 percent the proportion of local television network affiliates in the top 20 television markets that have become partners with one or more community organizations around one of the health problems addressed by the Healthy People 2000 objectives. (Baseline data available in 1991)
- 8.14 Increase to at least 90 percent the proportion of people who are served by a local health department that is effectively carrying out the core functions of public health. (Baseline data available in 1992)
- Note: The core functions of public health have been defined as assessment, policy development, and assurance. Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.*

## 9. Unintentional Injuries

### Health Status Objectives

- 9.1 Reduce deaths caused by unintentional injuries to no more than 29.3 per 100,000 people. (Age-adjusted baseline: 34.5 per 100,000 in 1987)

#### Special Population Targets

	<i>Deaths Caused By Unintentional Injuries (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.1a	American Indians/Alaska Natives	82.6	66.1
9.1b	Black males	64.9	51.9
9.1c	White males	53.6	42.9

- 9.2 Reduce nonfatal unintentional injuries so that hospitalizations for this condition are no more than 754 per 100,000 people. (Baseline: 887 per 100,000 in 1988)

- 9.3 Reduce deaths caused by motor vehicle crashes to no more than 1.9 per 100 million vehicle miles traveled and 16.8 per 100,000 people. (Baseline: 2.4 per 100 million vehicle miles traveled (VMT) and 18.8 per 100,000 people (age adjusted) in 1987)

#### Special Population Targets

	<i>Deaths Caused By Motor Vehicle Crashes (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.3a	Children aged 14 and younger	6.2	5.5
9.3b	Youth aged 15-24	36.9	33
9.3c	People aged 70 and older	22.6	20
9.3d	American Indians/Alaska Natives	46.8	39.2

#### Type-Specific Targets

	<i>Deaths Caused By Motor Vehicle Crashes</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.3e	Motorcyclists	40.9/100 million VMT & 1.7/100,000	33/100 million VMT & 1.5/100,000
9.3f	Pedestrians	3.1/100,000	2.7/100,000

- 9.4 Reduce deaths from falls and fall-related injuries to no more than 2.3 per 100,000 people. (Age-adjusted baseline: 2.7 per 100,000 in 1987)

#### Special Population Targets

	<i>Deaths From Falls and Fall-Related Injuries (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.4a	People aged 65-84	18	14.4
9.4b	People aged 85 and older	131.2	105.0
9.4c	Black men aged 30-69	8	5.6

- 9.5 Reduce drowning deaths to no more than 1.3 per 100,000 people. (Age-adjusted baseline: 2.1 per 100,000 in 1987)

#### Special Population Targets

	<i>Drowning Deaths (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.5a	Children aged 4 and younger	4.2	2.3
9.5b	Men aged 15-34	4.5	2.5
9.5c	Black males	6.6	3.6

- 9.6 Reduce residential fire deaths to no more than 1.2 per 100,000 people. (Age-adjusted baseline: 1.5 per 100,000 in 1987)

#### Special Population Targets

	<i>Residential Fire Deaths (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
9.6a	Children aged 4 and younger	4.4	3.3
9.6b	People aged 65 and older	4.4	3.3
9.6c	Black males	5.7	4.3
9.6d	Black females	3.4	2.6

#### Type-Specific Target

	<i>1983 Baseline</i>	<i>2000 Target</i>
9.6e	Residential fire deaths caused by smoking	17% 5%

- 9.7 Reduce hip fractures among people aged 65 and older so that hospitalizations for this condition are no more than 607 per 100,000. (Baseline: 714 per 100,000 in 1988)

#### Special Population Target

	<i>Hip Fractures (per 100,000)</i>	<i>1988 Baseline</i>	<i>2000 Target</i>
9.7a	White women aged 85 and older	2,721	2,177

- 9.8 Reduce nonfatal poisoning to no more than 88 emergency department treatments per 100,000 people. (Baseline: 103 per 100,000 in 1986)

*Special Population Target*

*Nonfatal Poisoning (per 100,000)*

*1986 Baseline*

*2000 Target*

- 9.8a Among children aged 4 and younger

650

520

- 9.9 Reduce nonfatal head injuries so that hospitalizations for this condition are no more than 106 per 100,000 people. (Baseline: 125 per 100,000 in 1988)

- 9.10 Reduce nonfatal spinal cord injuries so that hospitalizations for this condition are no more than 5 per 100,000 people. (Baseline: 5.9 per 100,000 in 1988)

*Special Population Target*

*Nonfatal Spinal Cord Injuries (per 100,000)*

*1988 Baseline*

*2000 Target*

- 9.10a Males

8.9

7.1

- 9.11 Reduce the incidence of secondary disabilities associated with injuries of the head and spinal cord to no more than 16 and 2.6 per 100,000 people, respectively. (Baseline: 20 per 100,000 for serious head injuries and 3.2 per 100,000 for spinal cord injuries in 1986)

*Note: Secondary disabilities are defined as those medical conditions secondary to traumatic head or spinal cord injury that impair independent and productive lifestyles.*

## Risk Reduction Objectives

- 9.12 Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85 percent of motor vehicle occupants. (Baseline: 42 percent in 1988)

*Special Population Target*

*Use of Occupant Protection Systems*

*1988 Baseline*

*2000 Target*

- 9.12a Children aged 4 and younger

84%

95%

- 9.13 Increase use of helmets to at least 80 percent of motorcyclists and at least 50 percent of bicyclists. (Baseline: 60 percent of motorcyclists in 1988 and an estimated 8 percent of bicyclists in 1984)

## Services and Protection Objectives

- 9.14 Extend to 50 States laws requiring safety belt and motorcycle helmet use for all ages. (Baseline: 33 States and the District of Columbia in 1989 for automobiles; 22 States, the District of Columbia, and Puerto Rico for motorcycles)
- 9.15 Enact in 50 States laws requiring that new handguns be designed to minimize the likelihood of discharge by children. (Baseline: 0 States in 1989)
- 9.16 Extend to 2,000 local jurisdictions the number whose codes address the installation of fire suppression sprinkler systems in those residences at highest risk for fires. (Baseline data available in 1991)
- 9.17 Increase the presence of functional smoke detectors to at least one on each habitable floor of all inhabited residential dwellings. (Baseline: 81 percent of residential dwellings in 1989)
- 9.18 Provide academic instruction on injury prevention and control, preferably as part of quality school health education, in at least 50 percent of public school systems (grades K through 12). (Baseline data available in 1991)
- 9.19\* Extend requirement of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury. (Baseline: Only National Collegiate Athletic Association football, hockey, and lacrosse; high school football; amateur boxing; and amateur ice hockey in 1988)
- 9.20 Increase to at least 30 the number of States that have design standards for signs, signals, markings, lighting, and other characteristics of the roadway environment to improve the visual stimuli and protect the safety of older drivers and pedestrians. (Baseline data available in 1992)
- 9.21 Increase to at least 50 percent the proportion of primary care providers who routinely provide age-appropriate counseling on safety precautions to prevent unintentional injury. (Baseline data available in 1992)
- 9.22 Extend to 50 States emergency medical services and trauma systems linking prehospital, hospital, and rehabilitation services in order to prevent trauma deaths and long-term disability. (Baseline: 2 States in 1987)

# 10. Occupational Safety and Health

## Health Status Objectives

- 10.1 Reduce deaths from work-related injuries to no more than 4 per 100,000 full-time workers. (Baseline: Average of 6 per 100,000 during 1983-87)

*Special Population Targets*

*Work-Related Deaths (per 100,000)*

*1983-87 Average*

*2000 Target*

- 10.1a Mine workers

30.3

21

- 10.1b Construction workers

25.0

17

- 10.1c Transportation workers

15.2

10

- 10.1d Farm workers

14.0

9.5

- 10.2 Reduce work-related injuries resulting in medical treatment, lost time from work, or restricted work activity to no more than 6 cases per 100 full-time workers. (Baseline: 7.7 per 100 in 1987)

*Special Population Targets*

	<i>Work-Related Injuries (per 100)</i>	<i>1983-87 Average</i>	<i>2000 Target</i>
10.2a	Construction workers	14.9	10
10.2b	Nursing and personal care workers	12.7	9
10.2c	Farm workers	12.4	8
10.2d	Transportation workers	8.3	6
10.2e	Mine workers	8.3	6

- 10.3 Reduce cumulative trauma disorders to an incidence of no more than 60 cases per 100,000 full-time workers. (Baseline: 100 per 100,000 in 1987)

*Special Population Targets*

	<i>Cumulative Trauma Disorders (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
10.3a	Manufacturing industry workers	355	150
10.3b	Meat product workers	3,920	2,000

- 10.4 Reduce occupational skin disorders or diseases to an incidence of no more than 55 per 100,000 full-time workers. (Baseline: Average of 64 per 100,000 during 1983-87)

- 10.5\* Reduce hepatitis B infections among occupationally exposed workers to an incidence of no more than 1,250 cases. (Baseline: An estimated 6,200 cases in 1987)

### Risk Reduction Objectives

- 10.6 Increase to at least 75 percent the proportion of worksites with 50 or more employees that mandate employee use of occupant protection systems, such as seatbelts, during all work-related motor vehicle travel. (Baseline data available in 1991)
- 10.7 Reduce to no more than 15 percent the proportion of workers exposed to average daily noise levels that exceed 85 dBA. (Baseline data available in 1992)
- 10.8 Eliminate exposures which result in workers having blood lead concentrations greater than 25 µg/dL of whole blood. (Baseline: 4,804 workers with blood lead levels above 25 µg/dL in 7 States in 1988)
- 10.9\* Increase hepatitis B immunization levels to 90 percent among occupationally exposed workers. (Baseline data available in 1991)

### Services and Protection Objectives

- 10.10 Implement occupational safety and health plans in 50 States for the identification, management, and prevention of leading work-related diseases and injuries within the State. (Baseline: 10 States in 1989)
- 10.11 Establish in 50 States exposure standards adequate to prevent the major occupational lung diseases to which their worker populations are exposed (byssinosis, asbestosis, coal workers' pneumoconiosis, and silicosis). (Baseline data available in 1991)
- 10.12 Increase to at least 70 percent the proportion of worksites with 50 or more employees that have implemented programs on worker health and safety. (Baseline data available in 1991)
- 10.13 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer back injury prevention and rehabilitation programs. (Baseline: 28.6 percent offered back care activities in 1985)
- 10.14 Establish in 50 States either public health or labor department programs that provide consultation and assistance to small businesses to implement safety and health programs for their employees. (Baseline data available in 1991)
- 10.15 Increase to at least 75 percent the proportion of primary care providers who routinely elicit occupational health exposures as a part of patient history and provide relevant counseling. (Baseline data available in 1992)

## 11. Environmental Health

### Health Status Objectives

- 11.1 Reduce asthma morbidity, as measured by a reduction in asthma hospitalizations to no more than 160 per 100,000 people. (Baseline: 188 per 100,000 in 1987)

*Special Population Targets*

	<i>Asthma Hospitalizations (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
11.1a	Blacks and other nonwhites	334	265
11.1b	Children	284 <sup>†</sup>	225
	<sup>†</sup> Children aged 14 and younger		

- 11.2\* Reduce the prevalence of serious mental retardation among school-aged children to no more than 2 per 1,000 children. (Baseline: 2.7 per 1,000 children aged 10 in 1985-88)

- 11.3 Reduce outbreaks of waterborne disease from infectious agents and chemical poisoning to no more than 11 per year. (Baseline: Average of 31 outbreaks per year during 1981-88)

*Type-Specific Target*

Average Annual Number of Waterborne Disease Outbreaks	1981-88 Baseline	2000 Target
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11.3a People served by community water systems	13	6
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*Note: Community water systems are public or investor-owned water systems that serve large or small communities, subdivisions, or trailer parks with at least 15 service connections or 25 year-round residents.*

- 11.4 Reduce the prevalence of blood lead levels exceeding 15 µg/dL and 25 µg/dL among children aged 6 months through 5 years to no more than 500,000 and zero, respectively. (Baseline: An estimated 3 million children had levels exceeding 15 µg/dL, and 234,000 had levels exceeding 25 µg/dL, in 1984)

*Special Population Target*

Prevalence of Blood Lead Levels Exceeding 15 µg/dL & 25 µg/dL	1984 Baseline	2000 Target
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11.4a Inner-city low-income black children (annual family income <\$6,000 in 1984 dollars)	234,900 & 36,700	75,000 & 0
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## Risk Reduction Objectives

- 11.5 Reduce human exposure to criteria air pollutants, as measured by an increase to at least 85 percent in the proportion of people who live in counties that have not exceeded any Environmental Protection Agency standard for air quality in the previous 12 months. (Baseline: 49.7 percent in 1988)

*Proportion Living in Counties That Have Not Exceeded Criteria Air Pollutant Standards in 1988 for:*

Ozone	53.6%
Carbon monoxide	87.8%
Nitrogen dioxide	96.6%
Sulfur dioxide	99.3%
Particulates	89.4%
Lead	99.3%
Total (any of above pollutants)	49.7%

*Note: An individual living in a county that exceeds an air quality standard may not actually be exposed to unhealthy air. Of all criteria air pollutants, ozone is the most likely to have fairly uniform concentrations throughout an area. Exposure is to criteria air pollutants in ambient air. Due to weather fluctuations, multi-year averages may be the most appropriate way to monitor progress toward this objective.*

- 11.6 Increase to at least 40 percent the proportion of homes in which homeowners/occupants have tested for radon concentrations and that have either been found to pose minimal risk or have been modified to reduce risk to health. (Baseline: Less than 5 percent of homes had been tested in 1989)

*Special Population Targets*

Testing and Modification As Necessary	Baseline	2000 Target
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11.6a Homes with smokers and former smokers	—	50%
11.6b Homes with children	—	50%

- 11.7 Reduce human exposure to toxic agents by confining total pounds of toxic agents released into the air, water, and soil each year to no more than:

0.24 billion pounds of those toxic agents included on the Department of Health and Human Services list of carcinogens. (Baseline: 0.32 billion pounds in 1988)

2.6 billion pounds of those toxic agents included on the Agency for Toxic Substances and Disease Registry list of the most toxic chemicals. (Baseline: 2.62 billion pounds in 1988)

- 11.8 Reduce human exposure to solid waste-related water, air, and soil contamination, as measured by a reduction in average pounds of municipal solid waste produced per person each day to no more than 3.6 pounds. (Baseline: 4.0 pounds per person each day in 1988)

- 11.9 Increase to at least 85 percent the proportion of people who receive a supply of drinking water that meets the safe drinking water standards established by the Environmental Protection Agency. (Baseline: 74 percent of 58,099 community water systems serving approximately 80 percent of the population in 1988)

*Note: Safe drinking water standards are measured using Maximum Contaminant Level (MCL) standards set by the Environmental Protection Agency which define acceptable levels of contaminants. See Objective 11.3 for definition of community water systems.*

- 11.10 Reduce potential risks to human health from surface water, as measured by a decrease to no more than 15 percent in the proportion of assessed rivers, lakes, and estuaries that do not support beneficial uses, such as fishing and swimming. (Baseline: An estimated 25 percent of assessed rivers, lakes, and estuaries did not support designated beneficial uses in 1988)

*Note: Designated beneficial uses, such as aquatic life support, contact recreation (swimming), and water supply, are designated by each State and approved by the Environmental Protection Agency. Support of beneficial use is a proxy measure of risk to human health, as many pollutants causing impaired water uses do not have human health effects (e.g., siltation, impaired fish habitat).*



## Services and Protection Objectives

- 11.11 Perform testing for lead-based paint in at least 50 percent of homes built before 1950. (Baseline data available in 1991)
- 11.12 Expand to at least 35 the number of States in which at least 75 percent of local jurisdictions have adopted construction standards and techniques that minimize elevated indoor radon levels in those new building areas locally determined to have elevated radon levels. (Baseline: 1 State in 1989)  
*Note: Since construction codes are frequently adopted by local jurisdictions rather than States, progress toward this objective also may be tracked using the proportion of cities and counties that have adopted such construction standards.*
- 11.13 Increase to at least 30 the number of States requiring that prospective buyers be informed of the presence of lead-based paint and radon concentrations in all buildings offered for sale. (Baseline: 2 States required disclosure of lead-based paint in 1989; 1 State required disclosure of radon concentrations in 1989; 2 additional States required disclosure that radon has been found in the State and that testing is desirable in 1989)
- 11.14 Eliminate significant health risks from National Priority List hazardous waste sites, as measured by performance of clean-up at these sites sufficient to eliminate immediate and significant health threats as specified in health assessments completed at all sites. (Baseline: 1,082 sites were on the list in March of 1990; of these, health assessments have been conducted for approximately 1,000)  
*Note: The Comprehensive Environmental Response, Compensation, and Liability Act of 1980 required the Environmental Protection Agency to develop criteria for determining priorities among hazardous waste sites and to develop and maintain a list of these priority sites. The resulting list is called the National Priorities List (NPL).*
- 11.15 Establish programs for recyclable materials and household hazardous waste in at least 75 percent of counties. (Baseline: Approximately 850 programs in 41 States collected household toxic waste in 1987; extent of recycling collections unknown)
- 11.16 Establish and monitor in at least 35 States plans to define and track sentinel environmental diseases. (Baseline: 0 States in 1990)  
*Note: Sentinel environmental diseases include lead poisoning, other heavy metal poisoning (e.g., cadmium, arsenic, and mercury), pesticide poisoning, carbon monoxide poisoning, heatstroke, hypothermia, acute chemical poisoning, methemoglobinemia, and respiratory diseases triggered by environmental factors (e.g., asthma).*

## 12. Food and Drug Safety

### Health Status Objectives

- 12.1 Reduce infections caused by key foodborne pathogens to incidences of no more than:
- | Disease (per 100,000)    | 1987 Baseline | 2000 Target |
|--------------------------|---------------|-------------|
| Salmonella species       | 18            | 16          |
| Campylobacter jejuni     | 50            | 25          |
| Escherichia coli 0157:H7 | 8             | 4           |
| Listeria monocytogenes   | 0.7           | 0.5         |
- 12.2 Reduce outbreaks of infections due to *Salmonella enteritidis* to fewer than 25 outbreaks yearly. (Baseline: 77 outbreaks in 1989)

### Risk Reduction Objective

- 12.3 Increase to at least 75 percent the proportion of households in which principal food preparers routinely refrain from leaving perishable food out of the refrigerator for over 2 hours and wash cutting boards and utensils with soap after contact with raw meat and poultry. (Baseline: For refrigeration of perishable foods, 70 percent; for washing cutting boards with soap, 66 percent; and for washing utensils with soap, 55 percent, in 1988)

### Services and Protection Objectives

- 12.4 Extend to at least 70 percent the proportion of States and territories that have implemented model food codes for institutional food operations and to at least 70 percent the proportion that have adopted the new uniform food protection code ("Unicode") that sets recommended standards for regulation of all food operations. (Baseline: For institutional food operations currently using FDA's recommended model codes, 20 percent; for the new Unicode to be released in 1991, 0 percent, in 1990)
- 12.5 Increase to at least 75 percent the proportion of pharmacies and other dispensers of prescription medications that use linked systems to provide alerts to potential adverse drug reactions among medications dispensed by different sources to individual patients. (Baseline data available in 1993)
- 12.6 Increase to at least 75 percent the proportion of primary care providers who routinely review with their patients aged 65 and older all prescribed and over-the-counter medicines taken by their patients each time a new medication is prescribed. (Baseline data available in 1992)

## 13. Oral Health

### Health Status Objectives

- 13.1 Reduce dental caries (cavities) so that the proportion of children with one or more caries (in permanent or primary teeth) is no more than 35 percent among children aged 6 through 8 and no more than 60 percent among adolescents aged 15. (Baseline: 53 percent of children aged 6 through 8 in 1986-87; 78 percent of adolescents aged 15 in 1986-87)

#### Special Population Targets

Dental Caries Prevalence		1986-87 Baseline	2000 Target
13.1a	Children aged 6-8 whose parents have less than high school education	70%	45%
13.1b	American Indian/Alaska Native children aged 6-8	92% <sup>†</sup>	45%
		52% <sup>‡</sup>	
13.1c	Black children aged 6-8	61%	40%
13.1d	American Indian/Alaska Native adolescents aged 15	93% <sup>†</sup>	70%
	<sup>†</sup> In primary teeth in 1983-84 <sup>‡</sup> In permanent teeth in 1983-84		

- 13.2 Reduce untreated dental caries so that the proportion of children with untreated caries (in permanent or primary teeth) is no more than 20 percent among children aged 6 through 8 and no more than 15 percent among adolescents aged 15. (Baseline: 27 percent of children aged 6 through 8 in 1986; 23 percent of adolescents aged 15 in 1986-87)

#### Special Population Targets

Untreated Dental Caries:		1986-87 Baseline	2000 Target
Among Children—			
13.2a	Children aged 6-8 whose parents have less than high school education	43%	30%
13.2b	American Indian/Alaska Native children aged 6-8	64% <sup>†</sup>	35%
13.2c	Black children aged 6-8	38%	25%
13.2d	Hispanic children aged 6-8	36% <sup>†</sup>	25%
Among Adolescents—			
13.2a	Adolescents aged 15 whose parents have less than a high school education	41%	25%
13.2b	American Indian/Alaska Native adolescents aged 15	84% <sup>†</sup>	40%
13.2c	Black adolescents aged 15	38%	20%
13.2d	Hispanic adolescents aged 15	31-47% <sup>†</sup>	25%
	<sup>†</sup> 1983-84 baseline <sup>‡</sup> 1982-84 baseline		

- 13.3 Increase to at least 45 percent the proportion of people aged 35 through 44 who have never lost a permanent tooth due to dental caries or periodontal diseases. (Baseline: 31 percent of employed adults had never lost a permanent tooth for any reason in 1985-86)

*Note: Never lost a permanent tooth is having 28 natural teeth exclusive of third molars.*

- 13.4 Reduce to no more than 20 percent the proportion of people aged 65 and older who have lost all of their natural teeth. (Baseline: 36 percent in 1986)

#### Special Population Target

Complete Tooth Loss Prevalence		1986 Baseline	2000 Target
13.4a	Low-income people (annual family income <\$15,000)	46%	25%

- 13.5 Reduce the prevalence of gingivitis among people aged 35 through 44 to no more than 30 percent. (Baseline: 42 percent in 1985-86)

#### Special Population Targets

Gingivitis Prevalence		1985 Baseline	2000 Target
13.5a	Low-income people (annual family income <\$12,500)	50%	35%
13.5b	American Indians/Alaska Natives	95% <sup>†</sup>	50%
13.5c	Hispanics		50%
	Mexican Americans	74% <sup>‡</sup>	
	Cubans	79% <sup>‡</sup>	
	Puerto Ricans	82% <sup>‡</sup>	
	<sup>†</sup> 1983-84 baseline <sup>‡</sup> 1982-84 baseline		

- 13.6 Reduce destructive periodontal diseases to a prevalence of no more than 15 percent among people aged 35 through 44. (Baseline: 24 percent in 1985-86)

*Note: Destructive periodontal disease is one or more sites with 4 millimeters or greater loss of tooth attachment.*

- 13.7 Reduce deaths due to cancer of the oral cavity and pharynx to no more than 10.5 per 100,000 men aged 45 through 74 and 4.1 per 100,000 women aged 45 through 74. (Baseline: 12.1 per 100,000 men and 4.1 per 100,000 women in 1987)

## Risk Reduction Objectives

- 13.8 Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth. (Baseline: 11 percent of children aged 8 and 8 percent of adolescents aged 14 in 1986-87)  
*Note: Progress toward this objective will be monitored based on prevalence of sealants in children at age 8 and at age 14, when the majority of first and second molars, respectively, are erupted.*
- 13.9 Increase to at least 75 percent the proportion of people served by community water systems providing optimal levels of fluoride. (Baseline: 62 percent in 1989)  
*Note: Optimal levels of fluoride are determined by the mean maximum daily air temperature over a 5-year period and range between 0.7 and 1.2 parts of fluoride per one million parts of water (ppm).*
- 13.10 Increase use of professionally or self-administered topical or systemic (dietary) fluorides to at least 85 percent of people not receiving optimally fluoridated public water. (Baseline: An estimated 50 percent in 1989)
- 13.11\* Increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent baby bottle tooth decay. (Baseline data available in 1991)

### Special Population Targets

Appropriate Feeding Practices	Baseline	2000 Target
13.11a Parents and caregivers with less than high school education	—	65%
13.11b American Indian/Alaska Native parents and caregivers	—	65%

## Services and Protection Objectives

- 13.12 Increase to at least 90 percent the proportion of all children entering school programs for the first time who have received an oral health screening, referral, and followup for necessary diagnostic, preventive, and treatment services. (Baseline: 66 percent of children aged 5 visited a dentist during the previous year in 1986)  
*Note: School programs include Head Start, prekindergarten, kindergarten, and 1st grade.*
- 13.13 Extend to all long-term institutional facilities the requirement that oral examinations and services be provided no later than 90 days after entry into these facilities. (Baseline: Nursing facilities receiving Medicaid or Medicare reimbursement will be required to provide for oral examinations within 90 days of patient entry beginning in 1990; baseline data unavailable for other institutions)  
*Note: Long-term institutional facilities include nursing homes, prisons, juvenile homes, and detention facilities.*
- 13.14 Increase to at least 70 percent the proportion of people aged 35 and older using the oral health care system during each year. (Baseline: 54 percent in 1986)

### Special Population Targets

Proportion Using Oral Health Care System During Each Year	1986 Baseline	2000 Target
13.14a Edentulous people	11%	50%
13.14b People aged 65 and older	42%	60%

- 13.15 Increase to at least 40 the number of States that have an effective system for recording and referring infants with cleft lips and/or palates to craniofacial anomaly teams. (Baseline: In 1988, approximately 25 States had a central recording mechanism for cleft lip and/or palate and approximately 25 States had an organized referral system to craniofacial anomaly teams)
- 13.16\* Extend requirement of the use of effective head, face, eye, and mouth protection to all organizations, agencies, and institutions sponsoring sporting and recreation events that pose risks of injury. (Baseline: Only National Collegiate Athletic Association football, hockey, and lacrosse; high school football; amateur boxing; and amateur ice hockey in 1988)

## 14. Maternal and Infant Health

### Health Status Objectives

- 14.1 Reduce the infant mortality rate to no more than 7 per 1,000 live births. (Baseline: 10.1 per 1,000 live births in 1987)

#### Special Population Targets

Infant Mortality (per 1,000 live births)		1987 Baseline	2000 Target
14.1a	Blacks	17.9	11
14.1b	American Indians/Alaska Natives	12.5 <sup>†</sup>	8.5
14.1c	Puerto Ricans	12.9 <sup>†</sup>	8

#### Type-Specific Targets

Neonatal and Postneonatal Mortality (per 1,000 live births)		1987 Baseline	2000 Target
14.1d	Neonatal mortality	6.5	4.5
14.1e	Neonatal mortality among blacks	11.7	7
14.1f	Neonatal mortality among Puerto Ricans	8.6 <sup>†</sup>	5.2
14.1g	Postneonatal mortality	3.6	2.5
14.1h	Postneonatal mortality among blacks	6.1	4
14.1i	Postneonatal mortality among American Indians/Alaska Natives	6.5 <sup>†</sup>	4
14.1j	Postneonatal mortality among Puerto Ricans	4.3 <sup>†</sup>	2.8

<sup>†</sup>1984 baseline

Note: Infant mortality is deaths of infants under 1 year; neonatal mortality is deaths of infants under 28 days; and postneonatal mortality is deaths of infants aged 28 days up to 1 year.

- 14.2 Reduce the fetal death rate (20 or more weeks of gestation) to no more than 5 per 1,000 live births plus fetal deaths. (Baseline: 7.6 per 1,000 live births plus fetal deaths in 1987)

#### Special Population Target

Fetal Deaths		1987 Baseline	2000 Target
14.2a	Blacks	12.8 <sup>†</sup>	7.5 <sup>†</sup>

<sup>†</sup>Per 1,000 live births plus fetal deaths

- 14.3 Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births. (Baseline: 6.6 per 100,000 in 1987)

#### Special Population Target

Maternal Mortality		1987 Baseline	2000 Target
14.3a	Blacks	14.2 <sup>†</sup>	5 <sup>†</sup>

<sup>†</sup>Per 100,000 live births

Note: The objective uses the maternal mortality rate as defined by the National Center for Health Statistics. However, if other sources of maternal mortality data are used, a 50-percent reduction in maternal mortality is the intended target.

- 14.4 Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births. (Baseline: 0.22 per 1,000 live births in 1987)

#### Special Population Targets

Fetal Alcohol Syndrome (per 1,000 live births)		1987 Baseline	2000 Target
14.4a	American Indians/Alaska Natives	4	2
14.4b	Blacks	0.8	0.4

### Risk Reduction Objectives

- 14.5 Reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 1 percent of live births. (Baseline: 6.9 and 1.2 percent, respectively, in 1987)

#### Special Population Target

Low Birth Weight		1987 Baseline	2000 Target
14.5a	Blacks	12.7%	9%
Very Low Birth Weight			
	Blacks	2.7%	2%

Note: Low birth weight is weight at birth of less than 2,500 grams; very low birth weight is weight at birth of less than 1,500 grams.

- 14.6 Increase to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies. (Baseline: 67 percent of married women in 1980)

Note: Recommended weight gain is pregnancy weight gain recommended in the 1990 National Academy of Science's report, Nutrition During Pregnancy.

- 14.7 Reduce severe complications of pregnancy to no more than 15 per 100 deliveries. (Baseline: 22 hospitalizations (prior to delivery) per 100 deliveries in 1987)

*Note: Severe complications of pregnancy will be measured using hospitalizations due to pregnancy-related complications.*

- 14.8 Reduce the cesarean delivery rate to no more than 15 per 100 deliveries. (Baseline: 24.4 per 100 deliveries in 1987)

*Type-Specific Targets*

<i>Cesarean Delivery (per 100 deliveries)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
14.8a Primary (first time) cesarean delivery	17.4	12
14.8b Repeat cesarean deliveries	91.2 <sup>†</sup>	65 <sup>†</sup>

<sup>†</sup>Among women who had a previous cesarean delivery

- 14.9\* Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old. (Baseline: 54 percent at discharge from birth site and 21 percent at 5 to 6 months in 1988)

*Special Population Targets*

<i>Mothers Breastfeeding Their Babies:</i>	<i>1988 Baseline</i>	<i>2000 Target</i>
<i>During Early Postpartum Period —</i>		
14.9a Low-income mothers	32%	75%
14.9b Black mothers	25%	75%
14.9c Hispanic mothers	51%	75%
14.9d American Indian/Alaska Native mothers	47%	75%

*At Age 5-6 Months —*

14.9a Low-income mothers	9%	50%
14.9b Black mothers	8%	50%
14.9c Hispanic mothers	16%	50%
14.9d American Indian/Alaska Native mothers	28%	50%

- 14.10 Increase abstinence from tobacco use by pregnant women to at least 90 percent and increase abstinence from alcohol, cocaine, and marijuana by pregnant women by at least 20 percent. (Baseline: 75 percent of pregnant women abstained from tobacco use in 1985)

*Note: Data for alcohol, cocaine, and marijuana use by pregnant women will be available from the National Maternal and Infant Health Survey, CDC, in 1991.*

## Services and Protection Objectives

- 14.11 Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy. (Baseline: 76 percent of live births in 1987)

*Special Population Targets*

<i>Proportion of Pregnant Women Receiving Early Prenatal Care</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
14.11a Black women	61.1 <sup>†</sup>	90 <sup>†</sup>
14.11b American Indian/Alaska Native women	60.2 <sup>†</sup>	90 <sup>†</sup>
14.11c Hispanic women	61.0 <sup>†</sup>	90 <sup>†</sup>

<sup>†</sup>Percent of live births

- 14.12\* Increase to at least 60 percent the proportion of primary care providers who provide age-appropriate preconception care and counseling. (Baseline data available in 1992)

- 14.13 Increase to at least 90 percent the proportion of women enrolled in prenatal care who are offered screening and counseling on prenatal detection of fetal abnormalities. (Baseline data available in 1991)

*Note: This objective will be measured by tracking use of maternal serum alpha-fetoprotein screening tests.*

- 14.14 Increase to at least 90 percent the proportion of pregnant women and infants who receive risk-appropriate care. (Baseline data available in 1991)

*Note: This objective will be measured by tracking the proportion of very low birth weight infants (less than 1,500 grams) born in facilities covered by a neonatologist 24 hours a day.*

- 14.15 Increase to at least 95 percent the proportion of newborns screened by State-sponsored programs for genetic disorders and other disabling conditions and to 90 percent the proportion of newborns testing positive for disease who receive appropriate treatment. (Baseline: For sickle cell anemia, with 20 States reporting, approximately 33 percent of live births screened (57 percent of black infants); for galactosemia, with 38 States reporting, approximately 70 percent of live births screened)

*Note: As measured by the proportion of infants served by programs for sickle cell anemia and galactosemia. Screening programs should be appropriate for State demographic characteristics.*

- 14.16 Increase to at least 90 percent the proportion of babies aged 18 months and younger who receive recommended primary care services at the appropriate intervals. (Baseline data available in 1992)

## 15. Heart Disease and Stroke

### Health Status Objectives

- 15.1\* Reduce coronary heart disease deaths to no more than 100 per 100,000 people. (Age-adjusted baseline: 135 per 100,000 in 1987)

<i>Special Population Target</i>		
<i>Coronary Deaths (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
15.1a Blacks	163	115

- 15.2 Reduce stroke deaths to no more than 20 per 100,000 people. (Age-adjusted baseline: 30.3 per 100,000 in 1987)

<i>Special Population Target</i>		
<i>Stroke Deaths (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
15.2a Blacks	51.2	27

- 15.3 Reverse the increase in end-stage renal disease (requiring maintenance dialysis or transplantation) to attain an incidence of no more than 13 per 100,000. (Baseline: 13.9 per 100,000 in 1987)

<i>Special Population Target</i>		
<i>ESRD Incidence (per 100,000)</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
15.3a Blacks	32.4	30

### Risk Reduction Objectives

- 15.4 Increase to at least 50 percent the proportion of people with high blood pressure whose blood pressure is under control. (Baseline: 11 percent controlled among people aged 18 through 74 in 1976-80; an estimated 24 percent for people aged 18 and older in 1982-84)

<i>Special Population Target</i>			
<i>High Blood Pressure Control</i>	<i>1976-80 Baseline</i>	<i>1982-84 Baseline</i>	<i>2000 Target</i>
15.4a Men with high blood pressure	6%	16%	40%

*Note: People with high blood pressure have blood pressure equal to or greater than 140 mm Hg systolic and/or 90 mm Hg diastolic and/or take antihypertensive medication. Blood pressure control is defined as maintaining a blood pressure less than 140 mm Hg systolic and 90 mm Hg diastolic. In NHANES II and the Seven States Study, control of hypertension did not include nonpharmacologic treatment. In NHANES III, those controlling their high blood pressure without medication (e.g., through weight loss, low sodium diets, or restriction of alcohol) will be included.*

- 15.5 Increase to at least 90 percent the proportion of people with high blood pressure who are taking action to help control their blood pressure. (Baseline: 79 percent of aware hypertensives aged 18 and older were taking action to control their blood pressure in 1985)

<i>Special Population Targets</i>		
<i>Taking Action to Control Blood Pressure</i>	<i>1985 Baseline</i>	<i>2000 Target</i>
15.5a White hypertensive men aged 18-34	51% <sup>†</sup>	80%
15.5b Black hypertensive men aged 18-34	63% <sup>†</sup>	80%
<sup>†</sup> Baseline for aware hypertensive men		

*Note: High blood pressure is defined as blood pressure equal to or greater than 140 mm Hg systolic and/or 90 mm Hg diastolic and/or taking antihypertensive medication. Actions to control blood pressure include taking medication, dieting to lose weight, cutting down on salt, and exercising.*

- 15.6 Reduce the mean serum cholesterol level among adults to no more than 200 mg/dL. (Baseline: 213 mg/dL among people aged 20 through 74 in 1976-80, 211 mg/dL for men and 215 mg/dL for women)
- 15.7 Reduce the prevalence of blood cholesterol levels of 240 mg/dL or greater to no more than 20 percent among adults. (Baseline: 27 percent for people aged 20 through 74 in 1976-80, 29 percent for women and 25 percent for men)
- 15.8 Increase to at least 60 percent the proportion of adults with high blood cholesterol who are aware of their condition and are taking action to reduce their blood cholesterol to recommended levels. (Baseline: 11 percent of all people aged 18 and older, and thus an estimated 30 percent of people with high blood cholesterol, were aware that their blood cholesterol level was high in 1988)

*Note: "High blood cholesterol" means a level that requires diet and, if necessary, drug treatment. Actions to control high blood cholesterol include keeping medical appointments, making recommended dietary changes (e.g., reducing saturated fat, total fat, and dietary cholesterol), and, if necessary, taking prescribed medication.*

- 15.9\* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)

- 15.10\* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

*Special Population Targets*

<i>Overweight Prevalence</i>	<i>1976-80 Baseline<sup>†</sup></i>	<i>2000 Target</i>
15.10a Low-income women aged 20 and older	37%	25%
15.10b Black women aged 20 and older	44%	30%
15.10c Hispanic women aged 20 and older		25%
Mexican-American women	39% <sup>‡</sup>	
Cuban women	34% <sup>‡</sup>	
Puerto Rican women	37% <sup>‡</sup>	
15.10d American Indians/Alaska Natives	29-75% <sup>§</sup>	30%
15.10e People with disabilities	36% <sup>†</sup>	25%
15.10f Women with high blood pressure	50%	41%
15.10g Men with high blood pressure	39%	35%

<sup>†</sup>Baseline for people aged 20-74    <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74

<sup>§</sup>1984-88 estimates for different tribes

<sup>†</sup>1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions

*Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.*

- 15.11\* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

*Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.*

- 15.12\* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

*Special Population Targets*

<i>Cigarette Smoking Prevalence</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
15.12a People with a high school education or less aged 20 and older	34%	20%
15.12b Blue-collar workers aged 20 and older	36%	20%
15.12c Military personnel	42% <sup>†</sup>	20%
15.12d Blacks aged 20 and older	34%	18%
15.12e Hispanics aged 20 and older	33% <sup>‡</sup>	18%
15.12f American Indians/Alaska Natives	42-70% <sup>§</sup>	20%
15.12g Southeast Asian men	55% <sup>†</sup>	20%
15.12h Women of reproductive age	29% <sup>††</sup>	12%
15.12i Pregnant women	25% <sup>‡</sup>	10%
15.12j Women who use oral contraceptives	36% <sup>§§</sup>	10%

<sup>†</sup>1988 baseline    <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74    <sup>§</sup>1979-87 estimates for different tribes

<sup>††</sup>1984-88 baseline    <sup>†††</sup>Baseline for women aged 18-44    <sup>†††</sup>1985 baseline    <sup>§§</sup>1983 baseline

*Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.*

## Services and Protection Objectives

- 15.13 Increase to at least 90 percent the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high. (Baseline: 61 percent of people aged 18 and older had their blood pressure measured within the preceding 2 years and were given the systolic and diastolic values in 1985)

*Note: A blood pressure measurement within the preceding 2 years refers to a measurement by a health professional or other trained observer.*

- 15.14 Increase to at least 75 percent the proportion of adults who have had their blood cholesterol checked within the preceding 5 years. (Baseline: 59 percent of people aged 18 and older had "ever" had their cholesterol checked in 1988; 52 percent were checked "within the preceding 2 years" in 1988)

- 15.15 Increase to at least 75 percent the proportion of primary care providers who initiate diet and, if necessary, drug therapy at levels of blood cholesterol consistent with current management guidelines for patients with high blood cholesterol. (Baseline data available in 1991)

*Note: Current treatment recommendations are outlined in detail in the Report of the Expert Panel on the Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults, released by the National Cholesterol Education Program in 1987. Guidelines appropriate for children are currently being established. Treatment recommendations are likely to be refined over time. Thus, for the year 2000, "current" means whatever recommendations are then in effect.*

- 15.16 Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer high blood pressure and/or cholesterol education and control activities to their employees. (Baseline: 16.5 percent offered high blood pressure activities and 16.8 percent offered nutrition education activities in 1985)
- 15.17 Increase to at least 90 percent the proportion of clinical laboratories that meet the recommended accuracy standard for cholesterol measurement. (Baseline: 53 percent in 1985)

## 16. Cancer

### Health Status Objectives

- 16.1\* Reverse the rise in cancer deaths to achieve a rate of no more than 130 per 100,000 people. (Age-adjusted baseline: 133 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 171 and 175 per 100,000, respectively.*

- 16.2\* Slow the rise in lung cancer deaths to achieve a rate of no more than 42 per 100,000 people. (Age-adjusted baseline: 37.9 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 47.9 and 53 per 100,000, respectively.*

- 16.3 Reduce breast cancer deaths to no more than 20.6 per 100,000 women. (Age-adjusted baseline: 22.9 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 27.2 and 25.2 per 100,000, respectively.*

- 16.4 Reduce deaths from cancer of the uterine cervix to no more than 1.3 per 100,000 women. (Age-adjusted baseline: 2.8 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 3.2 and 1.5 per 100,000, respectively.*

- 16.5 Reduce colorectal cancer deaths to no more than 13.2 per 100,000 people. (Age-adjusted baseline: 14.4 per 100,000 in 1987)

*Note: In its publications, the National Cancer Institute age adjusts cancer death rates to the 1970 U.S. population. Using the 1970 standard, the equivalent baseline and target values for this objective would be 20.1 and 18.7 per 100,000, respectively.*

### Risk Reduction Objectives

- 16.6\* Reduce cigarette smoking to a prevalence of no more than 15 percent among people aged 20 and older. (Baseline: 29 percent in 1987, 32 percent for men and 27 percent for women)

#### Special Population Targets

Cigarette Smoking Prevalence		1987 Baseline	2000 Target
16.6a	People with a high school education or less aged 20 and older	34%	20%
16.6b	Blue-collar workers aged 20 and older	36%	20%
16.6c	Military personnel	42% <sup>†</sup>	20%
16.6d	Blacks aged 20 and older	34%	18%
16.6e	Hispanics aged 20 and older	33% <sup>†</sup>	18%
16.6f	American Indians/Alaska Natives	42-70% <sup>§</sup>	20%
16.6g	Southeast Asian men	55% <sup>†</sup>	20%
16.6h	Women of reproductive age	29% <sup>††</sup>	12%
16.6i	Pregnant women	25% <sup>††</sup>	10%
16.6j	Women who use oral contraceptives	36% <sup>§§</sup>	10%

<sup>†</sup>1988 baseline <sup>††</sup>1982-84 baseline for Hispanics aged 20-74 <sup>§</sup>1979-87 estimates for different tribes

<sup>††</sup>1984-88 baseline <sup>†††</sup>Baseline for women aged 18-44 <sup>†††</sup>1985 baseline <sup>§§</sup>1983 baseline

*Note: A cigarette smoker is a person who has smoked at least 100 cigarettes and currently smokes cigarettes.*



- 16.7\* Reduce dietary fat intake to an average of 30 percent of calories or less and average saturated fat intake to less than 10 percent of calories among people aged 2 and older. (Baseline: 36 percent of calories from total fat and 13 percent from saturated fat for people aged 20 through 74 in 1976-80; 36 percent and 13 percent for women aged 19 through 50 in 1985)

*Note: The inclusion of a saturated fat target in this objective should not be interpreted as evidence that reducing only saturated fat will reduce cancer risk. Epidemiologic and experimental animal studies suggest that the amount of fat consumed rather than the specific type of fat can influence the risk of some cancers.*

- 16.8\* Increase complex carbohydrate and fiber-containing foods in the diets of adults to 5 or more daily servings for vegetables (including legumes) and fruits, and to 6 or more daily servings for grain products. (Baseline: 2½ servings of fruits and vegetables and 3 servings of grain products for women aged 19 through 50 in 1985)
- 16.9 Increase to at least 60 percent the proportion of people of all ages who limit sun exposure, use sunscreens and protective clothing when exposed to sunlight, and avoid artificial sources of ultraviolet light (e.g., sun lamps, tanning booths). (Baseline data available in 1992)

### Services and Protection Objectives

- 16.10 Increase to at least 75 percent the proportion of primary care providers who routinely counsel patients about tobacco use cessation, diet modification, and cancer screening recommendations. (Baseline: About 52 percent of internists reported counseling more than 75 percent of their smoking patients about smoking cessation in 1986)
- 16.11 Increase to at least 80 percent the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram, and to at least 60 percent those aged 50 and older who have received them within the preceding 1 to 2 years. (Baseline: 36 percent of women aged 40 and older "ever" in 1987; 25 percent of women aged 50 and older "within the preceding 2 years" in 1987)

#### Special Population Targets

Clinical Breast Exam & Mammogram: Ever Received—	1987 Baseline	2000 Target
16.11a Hispanic women aged 40 and older	20%	80%
16.11b Low-income women aged 40 and older (annual family income <\$10,000)	22%	80%
16.11c Women aged 40 and older with less than high school education	23%	80%
16.11d Women aged 70 and older	25%	80%
16.11e Black women aged 40 and older	28%	80%

#### Received Within Preceding 2 Years—

16.11a Hispanic women aged 50 and older	18%	60%
16.11b Low-income women aged 50 and older (annual family income <\$10,000)	15%	60%
16.11c Women aged 50 and older with less than high school education	16%	60%
16.11d Women aged 70 and older	18%	60%
16.11e Black women aged 50 and older	19%	60%

- 16.12 Increase to at least 95 percent the proportion of women aged 18 and older with uterine cervix who have ever received a Pap test, and to at least 85 percent those who received a Pap test within the preceding 1 to 3 years. (Baseline: 88 percent "ever" and 75 percent "within the preceding 3 years" in 1987)

#### Special Population Targets

Pap Test: Ever Received—	1987 Baseline	2000 Target
16.12a Hispanic women aged 18 and older	75%	95%
16.12b Women aged 70 and older	76%	95%
16.12c Women aged 18 and older with less than high school education	79%	95%
16.12d Low-income women aged 18 and older (annual family income <\$10,000)	80%	95%

#### Received Within Preceding 3 Years—

16.12a Hispanic women aged 18 and older	66%	80%
16.12b Women aged 70 and older	44%	70%
16.12c Women aged 18 and older with less than high school education	58%	75%
16.12d Low-income women aged 18 and older (annual family income <\$10,000)	64%	80%

- 16.13 Increase to at least 50 percent the proportion of people aged 50 and older who have received fecal occult blood testing within the preceding 1 to 2 years, and to at least 40 percent those who have ever received proctosigmoidoscopy. (Baseline: 27 percent received fecal occult blood testing during the preceding 2 years in 1987; 25 percent had ever received proctosigmoidoscopy in 1987)
- 16.14 Increase to at least 40 percent the proportion of people aged 50 and older visiting a primary care provider in the preceding year who have received oral, skin, and digital rectal examinations during one such visit. (Baseline: An estimated 27 percent received a digital rectal exam during a physician visit within the preceding year in 1987)
- 16.15 Ensure that Pap tests meet quality standards by monitoring and certifying all cytology laboratories. (Baseline data available in 1991)
- 16.16 Ensure that mammograms meet quality standards by monitoring and certifying at least 80 percent of mammography facilities. (Baseline: An estimated 18 to 21 percent certified by the American College of Radiology as of June 1990)

## 17. Diabetes and Chronic Disabling Conditions

### Health Status Objectives

#### Chronic Disabling Conditions

- 17.1\* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

##### Special Population Targets

	Years of Healthy Life	1980 Baseline	2000 Target
17.1a	Blacks	56	60
17.1b	Hispanics	62	65
17.1c	People aged 65 and older	12 <sup>†</sup>	14 <sup>†</sup>
	<sup>†</sup> Years of healthy life remaining at age 65		

*Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.*

- 17.2 Reduce to no more than 8 percent the proportion of people who experience a limitation in major activity due to chronic conditions. (Baseline: 9.4 percent in 1988)

##### Special Population Targets

	Prevalence of Disability	1988 Baseline	2000 Target
17.2a	Low-income people (annual family income <\$10,000 in 1988)	18.9%	15%
17.2b	American Indians/Alaska Natives	13.4% <sup>†</sup>	11%
17.2c	Blacks	11.2%	9%
	<sup>†</sup> 1983-85 baseline		

*Note: Major activity refers to the usual activity for one's age-gender group whether it is working, keeping house, going to school, or living independently. Chronic conditions are defined as conditions that either (1) were first noticed 3 or more months ago, or (2) belong to a group of conditions such as heart disease and diabetes, which are considered chronic regardless of when they began.*

- 17.3 Reduce to no more than 90 per 1,000 people the proportion of all people aged 65 and older who have difficulty in performing two or more personal care activities, thereby preserving independence. (Baseline: 111 per 1,000 in 1984-85)

##### Special Population Target

	Difficulty Performing Self-Care Activities (per 1,000)	1984-85 Baseline	2000 Target
17.3a	People aged 85 and older	371	325

*Note: Personal care activities are bathing, dressing, using the toilet, getting in and out of bed or chair, and eating.*

- 17.4 Reduce to no more than 10 percent the proportion of people with asthma who experience activity limitation. (Baseline: Average of 19.4 percent during 1986-88)

*Note: Activity limitation refers to any self-reported limitation in activity attributed to asthma.*

- 17.5 Reduce activity limitation due to chronic back conditions to a prevalence of no more than 19 per 1,000 people. (Baseline: Average of 21.9 per 1,000 during 1986-88)

*Note: Chronic back conditions include intervertebral disk disorders, curvature of the back or spine, and other self-reported chronic back impairments such as permanent stiffness or deformity of the back or repeated trouble with the back. Activity limitation refers to any self-reported limitation in activity attributed to a chronic back condition.*

- 17.6 Reduce significant hearing impairment to a prevalence of no more than 82 per 1,000 people. (Baseline: Average of 88.9 per 1,000 during 1986-88)

##### Special Population Target

	Hearing Impairment (per 1,000)	1986-88 Baseline	2000 Target
17.6a	People aged 45 and older	203	180

*Note: Hearing impairment covers the range of hearing deficits from mild loss in one ear to profound loss in both ears. Generally, inability to hear sounds at levels softer (less intense) than 20 decibels (dB) constitutes abnormal hearing. Significant hearing impairment is defined as having hearing thresholds for speech poorer than 25 dB. However, for this objective, self-reported hearing impairment (i.e., deafness in one or both ears or any trouble hearing in one or both ears) will be used as a proxy measure for significant hearing impairment.*

- 17.7 Reduce significant visual impairment to a prevalence of no more than 30 per 1,000 people. (Baseline: Average of 34.5 per 1,000 during 1986-88)

##### Special Population Target

	Visual Impairment (per 1,000)	1986-88 Baseline	2000 Target
17.7a	People aged 65 and older	87.7	70

*Note: Significant visual impairment is generally defined as a permanent reduction in visual acuity and/or field of vision which is not correctable with eyeglasses or contact lenses. Severe visual impairment is defined as inability to read ordinary newsprint even with corrective lenses. For this objective, self-reported blindness in one or both eyes and other self-reported visual impairments (i.e., any trouble seeing with one or both eyes even when wearing glasses or colorblindness) will be used as a proxy measure for significant visual impairment.*

- 17.8\* Reduce the prevalence of serious mental retardation in school-aged children to no more than 2 per 1,000 children. (Baseline: 2.7 per 1,000 children aged 10 in 1985-88)

*Note: Serious mental retardation is defined as an Intelligence Quotient (I.Q.) less than 50. This includes individuals defined by the American Association of Mental Retardation as profoundly retarded (I.Q. of 20 or less), severely retarded (I.Q. of 21-35), and moderately retarded (I.Q. of 36-50).*

### Diabetes

- 17.9 Reduce diabetes-related deaths to no more than 34 per 100,000 people. (Age-adjusted baseline: 38 per 100,000 in 1986)

#### Special Population Targets

	Diabetes-Related Deaths (per 100,000)	1986 Baseline	2000 Target
17.9a Blacks		65	58
17.9b American Indians/Alaska Natives		54	48

*Note: Diabetes-related deaths refer to deaths from diabetes as an underlying or contributing cause.*

- 17.10 Reduce the most severe complications of diabetes as follows:

	Complications Among People With Diabetes	1988 Baseline	2000 Target
End-stage renal disease		1.5/1,000 <sup>†</sup>	1.4/1,000
Blindness		2.2/1,000	1.4/1,000
Lower extremity amputation		8.2/1,000 <sup>†</sup>	4.9/1,000
Perinatal mortality <sup>†</sup>		5%	2%
Major congenital malformations <sup>†</sup>		8%	4%

<sup>†</sup>1987 baseline    <sup>‡</sup>Among infants of women with established diabetes

#### Special Population Targets for ESRD

	ESRD Due to Diabetes (per 1,000)	1983-86 Baseline	2000 Target
17.10a Blacks with diabetes		2.2	2
17.10b American Indians/Alaska Natives with diabetes		2.1	1.9

#### Special Population Target for Amputations

	Lower Extremity Amputations Due to Diabetes (per 1,000)	1984-87 Baseline	2000 Target
17.10c Blacks with diabetes		10.2	6.1

*Note: End-stage renal disease (ESRD) is defined as requiring maintenance dialysis or transplantation and is limited to ESRD due to diabetes. Blindness refers to blindness due to diabetic eye disease.*

- 17.11 Reduce diabetes to an incidence of no more than 2.5 per 1,000 people and a prevalence of no more than 25 per 1,000 people. (Baselines: 2.9 per 1,000 in 1987; 28 per 1,000 in 1987)

#### Special Population Targets

	Prevalence of Diabetes (per 1,000)	1982-84 Baseline <sup>†</sup>	2000 Target
17.11a American Indians/Alaska Natives		69 <sup>†</sup>	62
17.11b Puerto Ricans		55	49
17.11c Mexican Americans		54	49
17.11d Cuban Americans		36	32
17.11e Blacks		36 <sup>§</sup>	32

<sup>†</sup>1982-84 baseline for people aged 20-74

<sup>‡</sup>1987 baseline for American Indians/Alaska Natives aged 15 and older

<sup>§</sup>1987 baseline for blacks of all ages

**Risk Reduction Objectives**

- 17.12\* Reduce overweight to a prevalence of no more than 20 percent among people aged 20 and older and no more than 15 percent among adolescents aged 12 through 19. (Baseline: 26 percent for people aged 20 through 74 in 1976-80, 24 percent for men and 27 percent for women; 15 percent for adolescents aged 12 through 19 in 1976-80)

*Special Population Targets*

<i>Overweight Prevalence</i>	<i>1976-80 Baseline<sup>†</sup></i>	<i>2000 Target</i>
17.12a Low-income women aged 20 and older	37%	25%
17.12b Black women aged 20 and older	44%	30%
17.12c Hispanic women aged 20 and older		25%
Mexican-American women	39% <sup>‡</sup>	
Cuban women	34% <sup>‡</sup>	
Puerto Rican women	37% <sup>‡</sup>	
17.12d American Indians/Alaska Natives	29-75% <sup>§</sup>	30%
17.12e People with disabilities	36% <sup>†</sup>	25%
17.12f Women with high blood pressure	50%	41%
17.12g Men with high blood pressure	39%	35%

<sup>†</sup>1976-80 baseline for people aged 20-74    <sup>‡</sup>1982-84 baseline for Hispanics aged 20-74

<sup>§</sup>1984-88 estimates for different tribes

<sup>†</sup>1985 baseline for people aged 20-74 who report any limitation in activity due to chronic conditions

*Note: For people aged 20 and older, overweight is defined as body mass index (BMI) equal to or greater than 27.8 for men and 27.3 for women. For adolescents, overweight is defined as BMI equal to or greater than 23.0 for males aged 12 through 14, 24.3 for males aged 15 through 17, 25.8 for males aged 18 through 19, 23.4 for females aged 12 through 14, 24.8 for females aged 15 through 17, and 25.7 for females aged 18 through 19. The values for adolescents are the age- and gender-specific 85th percentile values of the 1976-80 National Health and Nutrition Examination Survey (NHANES II), corrected for sample variation. BMI is calculated by dividing weight in kilograms by the square of height in meters. The cut points used to define overweight approximate the 120 percent of desirable body weight definition used in the 1990 objectives.*

- 17.13\* Increase to at least 30 percent the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. (Baseline: 22 percent of people aged 18 and older were active for at least 30 minutes 5 or more times per week and 12 percent were active 7 or more times per week in 1985)

*Note: Light to moderate physical activity requires sustained, rhythmic muscular movements, is at least equivalent to sustained walking, and is performed at less than 60 percent of maximum heart rate for age. Maximum heart rate equals roughly 220 beats per minute minus age. Examples may include walking, swimming, cycling, dancing, gardening and yardwork, various domestic and occupational activities, and games and other childhood pursuits.*

**Services and Protection Objectives**

- 17.14 Increase to at least 40 percent the proportion of people with chronic and disabling conditions who receive formal patient education including information about community and self-help resources as an integral part of the management of their condition. (Baseline data available in 1991)

*Type-Specific Targets*

<i>Patient Education</i>	<i>1983-84 Baseline</i>	<i>2000 Target</i>
17.14a People with diabetes	32% (classes) 68% (counseling)	75%
17.14b People with asthma	—	50%

- 17.15 Increase to at least 80 percent the proportion of providers of primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech and language, and assess other developmental milestones as part of well-child care. (Baseline data available in 1992)
- 17.16 Reduce the average age at which children with significant hearing impairment are identified to no more than 12 months. (Baseline: Estimated as 24 to 30 months in 1988)
- 17.17 Increase to at least 60 percent the proportion of providers of primary care for older adults who routinely evaluate people aged 65 and older for urinary incontinence and impairments of vision, hearing, cognition, and functional status. (Baseline data available in 1992)
- 17.18 Increase to at least 90 percent the proportion of perimenopausal women who have been counseled about the benefits and risks of estrogen replacement therapy (combined with progestin, when appropriate) for prevention of osteoporosis. (Baseline data available in 1991)
- 17.19 Increase to at least 75 percent the proportion of worksites with 50 or more employees that have a voluntarily established policy or program for the hiring of people with disabilities. (Baseline: 37 percent of medium and large companies in 1986)

*Note: Voluntarily established policies and programs for the hiring of people with disabilities are encouraged for worksites of all sizes. This objective is limited to worksites with 50 or more employees for tracking purposes.*

- 17.20 Increase to 50 the number of States that have service systems for children with or at risk of chronic and disabling conditions, as required by Public Law 101-239. (Baseline data available in 1991)

*Note: Children with or at risk of chronic and disabling conditions, often referred to as children with special health care needs, include children with psychosocial as well as physical problems. This population encompasses children with a wide variety of actual or potential disabling conditions, including children with or at risk for cerebral palsy, mental retardation, sensory deprivation, developmental disabilities, spina bifida, hemophilia, other genetic disorders, and health-related educational and behavioral problems. Service systems for such children are organized networks of comprehensive, community-based, coordinated, and family-centered services.*

## 18. HIV Infection

### Health Status Objectives

- 18.1 Confine annual incidence of diagnosed AIDS cases to no more than 98,000 cases. (Baseline: An estimated 44,000 to 50,000 diagnosed cases in 1989)

#### Special Population Targets

Diagnosed AIDS Cases		1989 Baseline	2000 Target
18.1a	Gay and bisexual men	26,000-28,000	48,000
18.1b	Blacks	14,000-15,000	37,000
18.1c	Hispanics	7,000-8,000	18,000

*Note: Targets for this objective are equal to upper bound estimates of the incidence of diagnosed AIDS cases projected for 1993.*

- 18.2 Confine the prevalence of HIV infection to no more than 800 per 100,000 people. (Baseline: An estimated 400 per 100,000 in 1989)

#### Special Population Targets

Estimated Prevalence of HIV Infection (per 100,000)		1989 Baseline	2000 Target
18.2a	Homosexual men	2,000-42,000 <sup>†</sup>	20,000
18.2b	Intravenous drug abusers	30,000-40,000 <sup>‡</sup>	40,000
18.2c	Women giving birth to live-born infants	150	100

<sup>†</sup>Per 100,000 homosexual men aged 15 through 24 based on men tested in selected sexually transmitted disease clinics in unlinked surveys; most studies find HIV prevalence of between 2,000 and 21,000 per 100,000

<sup>‡</sup>Per 100,000 intravenous drug abusers aged 15 through 24 in the New York city vicinity; in areas other than major metropolitan centers, infection rates in people entering selected drug treatment programs tested in unlinked surveys are often under 500 per 100,000

### Risk Reduction Objectives

- 18.3\* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)
- 18.4\* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

#### Special Population Targets

Use of Condoms		1988 Baseline	2000 Target
18.4a	Sexually active young women aged 15-19 (by their partners)	26%	60%
18.4b	Sexually active young men aged 15-19	57%	75%
18.4c	Intravenous drug abusers	—	60%

*Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.*

- 18.5 Increase to at least 50 percent the estimated proportion of all intravenous drug abusers who are in drug abuse treatment programs. (Baseline: An estimated 11 percent of opiate abusers were in treatment in 1989)
- 18.6 Increase to at least 50 percent the estimated proportion of intravenous drug abusers not in treatment who use only uncontaminated drug paraphernalia ("works"). (Baseline: 25 to 35 percent of opiate abusers in 1989)
- 18.7 Reduce to no more than 1 per 250,000 units of blood and blood components the risk of transfusion-transmitted HIV infection. (Baseline: 1 per 40,000 to 150,000 units in 1989)

### Services and Protection Objectives

- 18.8 Increase to at least 80 percent the proportion of HIV-infected people who have been tested for HIV infection. (Baseline: An estimated 15 percent of approximately 1,000,000 HIV-infected people had been tested at publicly funded clinics, in 1989)

- 18.9\* Increase to at least 75 percent the proportion of primary care and mental health care providers who provide age-appropriate counseling on the prevention of HIV and other sexually transmitted diseases. (Baseline: 10 percent of physicians reported that they regularly assessed the sexual behaviors of their patients in 1987)

*Special Population Target*

*Counseling on HIV and STD Prevention*

1987 Baseline      2000 Target

- 18.9a Providers practicing in high incidence areas — 90%

*Note: Primary care providers include physicians, nurses, nurse practitioners, and physician assistants. Areas of high AIDS and sexually transmitted disease incidence are cities and States with incidence rates of AIDS cases, HIV seroprevalence, gonorrhea, or syphilis that are at least 25 percent above the national average.*

- 18.10 Increase to at least 95 percent the proportion of schools that have age-appropriate HIV education curricula for students in 4th through 12th grade, preferably as part of quality school health education. (Baseline: 66 percent of school districts required HIV education but only 5 percent required HIV education in each year for 7th through 12th grade in 1989)

*Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.*

- 18.11 Provide HIV education for students and staff in at least 90 percent of colleges and universities. (Baseline data available in 1995)

- 18.12 Increase to at least 90 percent the proportion of cities with populations over 100,000 that have outreach programs to contact drug abusers (particularly intravenous drug abusers) to deliver HIV risk reduction messages. (Baseline data available in 1995)

*Note: HIV risk reduction messages include messages about reducing or eliminating drug use, entering drug treatment, disinfection of injection equipment if still injecting drugs, and safer sex practices.*

- 18.13\* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)

- 18.14 Extend to all facilities where workers are at risk for occupational transmission of HIV regulations to protect workers from exposure to bloodborne infections, including HIV infection. (Baseline data available in 1992)

*Note: The Occupational Safety and Health Administration (OSHA) is expected to issue regulations requiring worker protection from exposure to bloodborne infections, including HIV, during 1991. Implementation of the OSHA regulations would satisfy this objective.*

## 19. Sexually Transmitted Diseases

### Health Status Objectives

- 19.1 Reduce gonorrhea to an incidence of no more than 225 cases per 100,000 people. (Baseline: 300 per 100,000 in 1989)

*Special Population Targets*

*Gonorrhea Incidence (per 100,000)*

1989 Baseline      2000 Target

- 19.1a Blacks 1,990 1,300  
19.1b Adolescents aged 15-19 1,123 750  
19.1c Women aged 15-44 501 290

- 19.2 Reduce *Chlamydia trachomatis* infections, as measured by a decrease in the incidence of nongonococcal urethritis to no more than 170 cases per 100,000 people. (Baseline: 215 per 100,000 in 1988)

- 19.3 Reduce primary and secondary syphilis to an incidence of no more than 10 cases per 100,000 people. (Baseline: 18.1 per 100,000 in 1989)

*Special Population Target*

*Primary and Secondary Syphilis Incidence (per 100,000)*

1989 Baseline      2000 Target

- 19.3a Blacks 118 65

- 19.4 Reduce congenital syphilis to an incidence of no more than 50 cases per 100,000 live births. (Baseline: 100 per 100,000 live births in 1989)

- 19.5 Reduce genital herpes and genital warts, as measured by a reduction to 142,000 and 385,000, respectively, in the annual number of first-time consultations with a physician for the conditions. (Baseline: 167,000 and 451,000 in 1988)

- 19.6 Reduce the incidence of pelvic inflammatory disease, as measured by a reduction in hospitalizations for pelvic inflammatory disease to no more than 250 per 100,000 women aged 15 through 44. (Baseline: 311 per 100,000 in 1988)

- 19.7\* Reduce sexually transmitted hepatitis B infection to no more than 30,500 cases. (Baseline: 58,300 cases in 1988)

- 19.8 Reduce the rate of repeat gonorrhea infection to no more than 15 percent within the previous year. (Baseline: 20 percent in 1988)

*Note: As measured by a reduction in the proportion of gonorrhea patients who, within the previous year, were treated for a separate case of gonorrhea.*

## Risk Reduction Objectives

- 19.9\* Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15 percent by age 15 and no more than 40 percent by age 17. (Baseline: 27 percent of girls and 33 percent of boys by age 15; 50 percent of girls and 66 percent of boys by age 17; reported in 1988)
- 19.10\* Increase to at least 50 percent the proportion of sexually active, unmarried people who used a condom at last sexual intercourse. (Baseline: 19 percent of sexually active, unmarried women aged 15 through 44 reported that their partners used a condom at last sexual intercourse in 1988)

### Special Population Targets

<i>Use of Condoms</i>	<i>1988 Baseline</i>	<i>2000 Target</i>
19.10a Sexually active young women aged 15-19 (by their partners)	25%	60%
19.10b Sexually active young men aged 15-19	57%	75%
19.10c Intravenous drug abusers	—	60%

*Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.*

## Services and Protection Objectives

- 19.11\* Increase to at least 50 percent the proportion of family planning clinics, maternal and child health clinics, sexually transmitted disease clinics, tuberculosis clinics, drug treatment centers, and primary care clinics that screen, diagnose, treat, counsel, and provide (or refer for) partner notification services for HIV infection and bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia). (Baseline: 40 percent of family planning clinics for bacterial sexually transmitted diseases in 1989)
- 19.12 Include instruction in sexually transmitted disease transmission prevention in the curricula of all middle and secondary schools, preferably as part of quality school health education. (Baseline: 95 percent of schools reported offering at least one class on sexually transmitted diseases as part of their standard curricula in 1988)
- Note: Strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active.*
- 19.13 Increase to at least 90 percent the proportion of primary care providers treating patients with sexually transmitted diseases who correctly manage cases, as measured by their use of appropriate types and amounts of therapy. (Baseline: 70 percent in 1988)
- 19.14\* Increase to at least 75 percent the proportion of primary care and mental health care providers who provide age-appropriate counseling on the prevention of HIV and other sexually transmitted diseases. (Baseline: 10 percent of physicians reported that they regularly assessed the sexual behaviors of their patients in 1987)

### Special Population Target

<i>Counseling on HIV and STD Prevention</i>	<i>1987 Baseline</i>	<i>2000 Target</i>
19.14a Providers practicing in high incidence areas	—	90%

*Note: Primary care providers include physicians, nurses, nurse practitioners, and physician assistants. Areas of high AIDS and sexually transmitted disease incidence are cities and States with incidence rates of AIDS cases, HIV seroprevalence, gonorrhea, or syphilis that are at least 25 percent above the national average.*

- 19.15 Increase to at least 50 percent the proportion of all patients with bacterial sexually transmitted diseases (gonorrhea, syphilis, and chlamydia) who are offered provider referral services. (Baseline: 20 percent of those treated in sexually transmitted disease clinics in 1988)

*Note: Provider referral (previously called contact tracing) is the process whereby health department personnel directly notify the sexual partners of infected individuals of their exposure to an infected individual.*

## 20. Immunization and Infectious Diseases

### Health Status Objectives

- 20.1 Reduce indigenous cases of vaccine-preventable diseases as follows:

<i>Disease</i>	<i>1988 Baseline</i>	<i>2000 Target</i>
Diphtheria among people aged 25 and younger	1	0
Tetanus among people aged 25 and younger	3	0
Polio (wild-type virus)	0	0
Measles	3,058	0
Rubella	225	0
Congenital Rubella Syndrome	6	0
Mumps	4,866	500
Pertussis	3,450	1,000

- 20.2 Reduce epidemic-related pneumonia and influenza deaths among people aged 65 and older to no more than 7.3 per 100,000. (Baseline: Average of 9.1 per 100,000 during 1980 through 1987)

*Note: Epidemic-related pneumonia and influenza deaths are those that occur above and beyond the normal yearly fluctuations of mortality. Because of the extreme variability in epidemic-related deaths from year to year, the target is a 3-year average.*

20.3\* Reduce viral hepatitis as follows:

(Per 100,000)	1987 Baseline	2000 Target
Hepatitis B (HBV)	63.5	40
Hepatitis A	31	23
Hepatitis C	18.3	13.7

*Special Population Targets for HBV*

HBV Cases	1987 Estimated Baseline	2000 Target
20.3a Intravenous drug abusers	30,000	22,500
20.3b Heterosexually active people	33,000	22,000
20.3c Homosexual men	25,300	8,500
20.3d Children of Asians/Pacific Islanders	8,900	1,800
20.3e Occupationally exposed workers	6,200	1,250
20.3f Infants	3,500	550 new carriers
20.3g Alaska Natives	15	1

20.4 Reduce tuberculosis to an incidence of no more than 3.5 cases per 100,000 people. (Baseline: 9.1 per 100,000 in 1988)

*Special Population Targets*

Tuberculosis Cases (per 100,000)	1988 Baseline	2000 Target
20.4a Asians/Pacific Islanders	36.3	15
20.4b Blacks	28.3	10
20.4c Hispanics	18.3	5
20.4d American Indians/Alaska Natives	18.1	5

20.5 Reduce by at least 10 percent the incidence of surgical wound infections and nosocomial infections in intensive care patients. (Baseline data available in late 1990)

20.6 Reduce selected illness among international travelers as follows:

Incidence	1987 Baseline	2000 Target
Typhoid fever	280	140
Hepatitis A	1,280	640
Malaria	2,000	1,000

20.7 Reduce bacterial meningitis to no more than 4.7 cases per 100,000 people. (Baseline: 6.3 per 100,000 in 1986)

*Special Population Target*

Bacterial Meningitis Cases (per 100,000)	1987 Baseline	2000 Target
20.7a Alaska Natives	33	8

20.8 Reduce infectious diarrhea by at least 25 percent among children in licensed child care centers and children in programs that provide an Individualized Education Program (IEP) or Individualized Health Plan (IHP). (Baseline data available in 1992)

20.9 Reduce acute middle ear infections among children aged 4 and younger, as measured by days of restricted activity or school absenteeism, to no more than 105 days per 100 children. (Baseline: 131 days per 100 children in 1987)

20.10 Reduce pneumonia-related days of restricted activity as follows:

	1987 Baseline	2000 Target
People aged 65 and older (per 100 people)	48 days	38 days
Children aged 4 and younger (per 100 children)	27 days	24 days

## Risk Reduction Objectives

20.11 Increase immunization levels as follows:

Basic immunization series among children under age 2: at least 90 percent. (Baseline: 70-80 percent estimated in 1989)

Basic immunization series among children in licensed child care facilities and kindergarten through post-secondary education institutions: at least 95 percent. (Baseline: For licensed child care, 94 percent; 97 percent for children entering school for the 1987-1988 school year; and for post-secondary institutions, baseline data available in 1992)

Pneumococcal pneumonia and influenza immunization among institutionalized chronically ill or older people: at least 80 percent. (Baseline data available in 1992)

Pneumococcal pneumonia and influenza immunization among noninstitutionalized, high-risk populations, as defined by the Immunization Practices Advisory Committee: at least 60 percent. (Baseline: 10 percent estimated for pneumococcal vaccine and 20 percent for influenza vaccine in 1985)

Hepatitis B immunization among high-risk populations, including infants of surface antigen-positive mothers to at least 90 percent; occupationally exposed workers to at least 90 percent; IV-drug users in drug treatment programs to at least 50 percent; and homosexual men to at least 50 percent. (Baseline data available in 1992)

20.12 Reduce postexposure rabies treatments to no more than 9,000 per year. (Baseline: 18,000 estimated treatments in 1987)



## Services and Protection Objectives

- 20.13 Expand immunization laws for schools, preschools, and day care settings to all States for all antigens. (Baseline: 9 States and the District of Columbia in 1990)
- 20.14 Increase to at least 90 percent the proportion of primary care providers who provide information and counseling about immunizations and offer immunizations as appropriate for their patients. (Baseline data available in 1992)
- 20.15 Improve the financing and delivery of immunizations for children and adults so that virtually no American has a financial barrier to receiving recommended immunizations. (Baseline: Financial coverage for immunizations was included in 45 percent of employment-based insurance plans with conventional insurance plans; 62 percent with Preferred Provider Organization plans; and 98 percent with Health Maintenance Organization plans in 1989; Medicaid covered basic immunizations for eligible children and Medicare covered pneumococcal immunization for eligible older adults in 1990)
- 20.16 Increase to at least 90 percent the proportion of public health departments that provide adult immunization for influenza, pneumococcal disease, hepatitis B, tetanus, and diphtheria. (Baseline data available in 1991)
- 20.17 Increase to at least 90 percent the proportion of local health departments that have ongoing programs for actively identifying cases of tuberculosis and latent infection in populations at high risk for tuberculosis. (Baseline data available in 1991)
- Note: Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.*
- 20.18 Increase to at least 85 percent the proportion of people found to have tuberculosis infection who completed courses of preventive therapy. (Baseline: 89 health departments reported that 66.3 percent of 95,201 persons placed on preventive therapy completed their treatment in 1987)
- 20.19 Increase to at least 85 percent the proportion of tertiary care hospital laboratories and to at least 50 percent the proportion of secondary care hospital and health maintenance organization laboratories possessing technologies for rapid viral diagnosis of influenza. (Baseline data available in 1992)

## 21. Clinical Preventive Services

### Health Status Objective

- 21.1\* Increase years of healthy life to at least 65 years. (Baseline: An estimated 62 years in 1980)

#### Special Population Targets

	Years of Healthy Life	1980 Baseline	2000 Target
21.1a	Blacks	56	60
21.1b	Hispanics	62	65
21.1c	People aged 65 and older	12 <sup>†</sup>	14 <sup>†</sup>

<sup>†</sup>Years of healthy life remaining at age 65

*Note: Years of healthy life (also referred to as quality-adjusted life years) is a summary measure of health that combines mortality (quantity of life) and morbidity and disability (quality of life) into a single measure. For people aged 65 and older, active life-expectancy, a related summary measure, also will be tracked.*

### Risk Reduction Objective

- 21.2 Increase to at least 50 percent the proportion of people who have received, as a minimum within the appropriate interval, all of the screening and immunization services and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1991)

#### Special Population Targets

	Receipt of Recommended Services	Baseline	2000 Target
21.2a	Infants up to 24 months	—	90%
21.2b	Children aged 2-12	—	80%
21.2c	Adolescents aged 13-18	—	50%
21.2d	Adults aged 19-39	—	40%
21.2e	Adults aged 40-64	—	40%
21.2f	Adults aged 65 and older	—	40%
21.2g	Low-income people	—	50%
21.2h	Blacks	—	50%
21.2i	Hispanics	—	50%
21.2j	Asians/Pacific Islanders	—	50%
21.2k	American Indians/Alaska Natives	—	70%
21.2l	People with disabilities	—	80%

## Services and Protection Objectives

- 21.3 Increase to at least 95 percent the proportion of people who have a specific source of ongoing primary care for coordination of their preventive and episodic health care. (Baseline: Less than 82 percent in 1986, as 18 percent reported having no physician, clinic, or hospital as a regular source of care)

### Special Population Targets

Percentage With Source of Care	1986 Baseline	2000 Target
21.3a Hispanics	70%	95%
21.3b Blacks	80%	95%
21.3c Low-income people	80%	95%

- 21.4 Improve financing and delivery of clinical preventive services so that virtually no American has a financial barrier to receiving, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

- 21.5 Assure that at least 90 percent of people for whom primary care services are provided directly by publicly funded programs are offered, at a minimum, the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

*Note: Publicly funded programs that provide primary care services directly include federally funded programs such as the Maternal and Child Health Program, Community and Migrant Health Centers, and the Indian Health Service as well as primary care service settings funded by State and local governments. This objective does not include services covered indirectly through the Medicare and Medicaid programs.*

- 21.6 Increase to at least 50 percent the proportion of primary care providers who provide their patients with the screening, counseling, and immunization services recommended by the U.S. Preventive Services Task Force. (Baseline data available in 1992)

- 21.7 Increase to at least 90 percent the proportion of people who are served by a local health department that assesses and assures access to essential clinical preventive services. (Baseline data available in 1992)

*Note: Local health department refers to any local component of the public health system, defined as an administrative and service unit of local or State government concerned with health and carrying some responsibility for the health of a jurisdiction smaller than a State.*

- 21.8 Increase the proportion of all degrees in the health professions and allied and associated health profession fields awarded to members of underrepresented racial and ethnic minority groups as follows:

Degrees Awarded To:	1985-86 Baseline	2000 Target
Blacks	5%	8%
Hispanics	3%	6.4%
American Indians/Alaska Natives	0.3%	0.6%

*Note: Underrepresented minorities are those groups consistently below parity in most health profession schools—blacks, Hispanics, and American Indians and Alaska Natives.*

## 22. Surveillance and Data Systems

### Objectives

- 22.1 Develop a set of health status indicators appropriate for Federal, State, and local health agencies and establish use of the set in at least 40 States. (Baseline: No such set exists in 1990)

- 22.2 Identify, and create where necessary, national data sources to measure progress toward each of the year 2000 national health objectives. (Baseline: 77 percent of the objectives have baseline data in 1990)

### Type-Specific Target

	1989 Baseline	2000 Target
22.2a State level data for at least two-thirds of the objectives	23 States <sup>†</sup>	35 States

<sup>†</sup>Measured using the 1989 Draft Year 2000 National Health Objectives

- 22.3 Develop and disseminate among Federal, State, and local agencies procedures for collecting comparable data for each of the year 2000 national health objectives and incorporate these into Public Health Service data collection systems. (Baseline: Although such surveys as the National Health Interview Survey may serve as a model, widely accepted procedures do not exist in 1990)

- 22.4 Develop and implement a national process to identify significant gaps in the Nation's disease prevention and health promotion data, including data for racial and ethnic minorities, people with low incomes, and people with disabilities, and establish mechanisms to meet these needs. (Baseline: No such process exists in 1990)

*Note: Disease prevention and health promotion data includes disease status, risk factors, and services receipt data. Public health problems include such issue areas as HIV infection, domestic violence, mental health, environmental health, occupational health, and disabling conditions.*

- 22.5 Implement in all States periodic analysis and publication of data needed to measure progress toward objectives for at least 10 of the priority areas of the national health objectives. (Baseline: 20 States reported that they disseminate the analyses they use to assess State progress toward the health objectives to the public and to health professionals in 1989)

*Type-Specific Target*

1989 Baseline      2000 Target

- 22.5a Periodic analysis and publication of State progress toward the national objectives for each racial or ethnic group that makes up at least 10 percent of the State population — 25 States

*Note: Periodic is at least once every 3 years. Objectives include, at a minimum, one from each objectives category: health status, risk reduction, and services and protection.*

- 22.6 Expand in all States systems for the transfer of health information related to the national health objectives among Federal, State, and local agencies. (Baseline: 30 States reported that they have some capability for transfer of health data, tables, graphs, and maps to Federal, State, and local agencies that collect and analyze data in 1989)  
*Note: Information related to the national health objectives includes State and national level baseline data, disease prevention/health promotion evaluation results, and data generated to measure progress.*
- 22.7 Achieve timely release of national surveillance and survey data needed by health professionals and agencies to measure progress toward the national health objectives. (Baseline data available in 1993)  
*Note: Timely release (publication of provisional or final data or public use data tapes) should be based on the use of the data, but is at least within one year of the end of data collection.*

## Age-Related Objectives

- \*Reduce the death rate for children by 15 percent to no more than 28 per 100,000 children aged 1 through 14, and for infants by approximately 30 percent to no more than 7 per 1,000 live births. (Baseline: 33 per 100,000 for children in 1987 and 10.1 per 1,000 live births for infants in 1987)
- Reduce the death rate for adolescents and young adults by 15 percent to no more than 85 per 100,000 people aged 15 through 24. (Baseline: 99.4 per 100,000 in 1987)
- Reduce the death rate for adults by 20 percent to no more than 340 per 100,000 people aged 25 through 64. (Baseline: 423 per 100,000 in 1987)
- \*Reduce to no more than 90 per 1,000 people the proportion of all people aged 65 and older who have difficulty in performing two or more personal care activities (a reduction of about 19 percent), thereby preserving independence. (Baseline: 111 per 1,000 in 1984-85)



# **Appendix II**

## **Healthy People 2000 Consortium**



# Healthy People 2000 Consortium \*

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## National Organizations

ASPO/Lamaze Association  
Academy of General Dentistry  
Aerobics and Fitness Association of America  
Alcohol and Drug Problems Association of North America  
Alliance for Aging Research  
Alliance for Health  
Amateur Athletic Union of the United States  
American Academy of Child and Adolescent Psychiatry  
American Academy of Family Physicians  
American Academy of Nursing  
American Academy of Ophthalmology  
American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngology--Head and Neck Surgery  
American Academy of Pain Management  
American Academy of Pediatric Dentistry  
American Academy of Pediatrics  
American Alliance for Health, Physical Education, Recreation, and Dance  
American Art Therapy Association  
American Association for Advancement of Science  
American Association for Clinical Chemistry  
American Association for Dental Research  
American Association for Marriage and Family Therapy  
American Association for Respiratory Care  
American Association for the Advancement of Science  
American Association of Certified Orthoptists  
American Association of Colleges of Nursing  
American Association of Colleges of Osteopathic Medicine  
American Association of Colleges of Pharmacy  
American Association of Dental Schools  
American Association of Homes for the Aging  
American Association of Occupational Health Nurses  
American Association of Pathologists' Assistants  
American Association of Public Health Dentistry  
American Association of Public Health Physicians  
American Association of Retired Persons  
American Association of School Administrators  
American Association of Suicidology

\* The Healthy People 2000 Consortium is made up of more than 325 national membership organizations and all State and Territorial health departments. See *State Action* for information on the contribution to Healthy People 2000 made by the States.

American Association of University Affiliated Programs for Persons with  
Developmental Disabilities  
American Association on Mental Retardation  
American Cancer Society  
American College Health Association  
American College of Cardiology  
American College of Clinical Pharmacy  
American College of Gastroenterology  
American College of Health Care Administrators  
American College of Health Care Executives  
American College of Nurse-Midwives  
American College of Nutrition  
American College of Obstetricians and Gynecologists  
American College of Occupational Medicine  
American College of Physicians  
American College of Preventive Medicine  
American College of Radiology  
American College of Sports Medicine  
American Council on Alcoholism  
American Dental Association  
American Dental Hygienists' Association  
American Diabetes Association  
American Dietetic Association  
American Federation of Teachers  
American Geriatrics Society  
American Heart Association  
American Home Economics Association  
American Hospital Association  
American Indian Health Care Association  
American Institute for Preventive Medicine  
American Institute of Nutrition  
American Kinesiotherapy Association  
American Liver Foundation  
American Lung Association  
American Meat Institute  
American Medical Association  
American Medical Student Association  
American Nurses' Association  
American Nutritionists Association  
American Occupational Therapy Association  
American Optometric Association  
American Orthopaedic Society for Sports Medicine  
American Osteopathic Academy of Sports Medicine  
American Osteopathic Association  
American Osteopathic Hospital Association  
American Pharmaceutical Association



American Physical Therapy Association  
American Physiological Society  
American Podiatric Medical Association  
American Psychiatric Association  
American Psychiatric Nurses Association  
American Psychological Association  
American Public Health Association  
American Red Cross  
American Rehabilitation Counseling Association  
American School Food Service Association  
American School Health Association  
American Social Health Association  
American Society for Clinical Nutrition  
American Society for Microbiology  
American Society for Parenteral and Enteral Nutrition  
American Society for Psychoprophylaxis in Obstetrics  
American Society of Acupuncture  
American Society of Addiction Medicine  
American Society of Hospital Pharmacists  
American Society of Human Genetics  
American Society of Ocularists  
American Speech-Language-Hearing Association  
American Spinal Injury Association  
American Statistical Association  
American Thoracic Society  
Arc  
Arthritis Foundation  
Asian American Health Forum  
Asociacion Nacional Por Personas Mayores  
Association for Applied Psychophysiology and Biofeedback  
Association for Fitness in Business  
Association for Hospital Medical Education  
Association for Practitioners in Infection Control  
Association for the Advancement of Automotive Medicine  
Association for the Advancement of Health Education  
Association for Vital Records and Health Statistics  
Association of Academic Health Centers  
Association of American Indian Physicians  
Association of American Medical Colleges  
Association of Clinical Scientists  
Association of Community Health Nursing Educators  
Association of Food and Drug Officials  
Association of Maternal and Child Health Programs  
Association of Pediatric Oncology Nurses  
Association of Rehabilitation Nurses

Association of Schools of Allied Health Professions  
Association of Schools of Public Health  
Association of State and Territorial Dental Directors  
Association of State and Territorial Directors of Nursing  
Association of State and Territorial Directors of Public Health Education  
Association of State and Territorial Health Officials  
Association of State and Territorial Public Health Officials  
Association of State and Territorial Public Health Laboratory Directors  
Association of State and Territorial Public Health Nutrition Directors  
Association of State and Territorial Public Health Social Work  
Association of Teachers of Preventive Medicine  
Association of Technical Personnel in Ophthalmology  
Black Congress on Health, Law, and Economics  
Blue Cross and Blue Shield Association  
Boy Scouts of America  
Business Roundtable  
Camp Fire  
Cardiovascular Credentialing International/National Board of Cardiovascular Technology  
Catholic Health Association of the United States  
Center for Corporate Public Involvement  
Center for Gerontology and Health Care Research  
Center for Health Policy and Statistics  
Center for Population Research  
Center for Sight  
Children's Hospital National Medical Center  
College of American Pathologists  
Consortium of Social Science Associations  
Council for Responsible Nutrition  
Council of Medical Specialty Societies  
Dairy and Food Nutrition Council of the Southeast  
Emergency Nurses Association  
Employee Assistance Professionals Association  
Eye Bank Association of America  
Federation of American Societies for Experimental Biology  
Federation of Nurses and Health Professionals  
Food Marketing Institute  
Future Homemakers of America  
General Federation of Women's Clubs  
Gerontological Society of America  
Girl Scouts of the United States of America  
Great Lakes Association of Clinical Medicine  
Grocery Manufacturers of America  
Group Health Association of America  
Health Industry Manufacturers Association  
Health Insurance Association of America  
Health Sciences Communications Association

Healthy Mothers, Healthy Babies Coalition  
Highway Users Federation for Safety and Mobility  
Institute for Child Health Policy  
Institute of Food Technologists  
International Association for Enterostomal Therapy  
International Lactation Consultant Association  
International Life Sciences Institute  
International Patient Education Council  
La Leche League International  
Learning Disabilities Association of America  
March of Dimes Birth Defects Foundation  
Maternal and Child Health Network  
Maternity Center Association  
Midwives' Alliance of North America  
Migrant Clinicians Network  
Mothers Against Drunk Driving  
NAACOG - The Organization of Obstetric, Gynecologic, and Neonatal Nurses  
NARD - National Association of Retail Druggists  
NCEMCH - National Council on Education in Maternal and Child Health  
National 4-H Council  
National AIDS Network  
National Alliance for the Mentally Ill  
National Alliance of Black School Educators  
National Alliance of Nurse Practitioners  
National Alliance of Senior Citizens  
National Association for Home Care  
National Association for Human Development  
National Association for Music Therapy  
National Association for Public Employee Wellness  
National Association for Sport and Physical Education  
National Association of Biology Teachers  
National Association of Childbearing Centers  
National Association of Children's Hospitals and Related Institutions  
National Association of Community Health Centers  
National Association of Counties  
National Association of County Health Officials  
National Association of Elementary School Principals  
National Association of Governors Councils on Physical Fitness and Sports  
National Association of Neighborhoods  
National Association of Neonatal Nurses  
National Association of Optometrists and Opticians  
National Association of Pediatric Nurse Associates and Practitioners  
National Association of RSVP Directors  
National Association of Rehabilitation Facilities  
National Association of Retired Senior Volunteer Program Directors  
National Association of School Nurses

National Association of Secondary School Principals  
National Association of Social Workers  
National Association of State NET Program Coordinators  
National Association of State Alcohol and Drug Abuse Directors  
National Association of State Boards of Education  
National Association of State School Nursing Consultants  
National Black Nurses Association  
National Board of Medical Examiners  
National Center for Health Education  
National Center for Policy Coordination in Maternal and Child Health  
National Civic League  
National Coalition Against Sexual Assault  
National Coalition of Hispanic Health and Human Services Organizations  
National Commission Against Drunk Driving  
National Committee for Adoption  
National Committee for Prevention of Child Abuse  
National Conference of State Legislatures  
National Consumers League  
National Council for International Health  
National Council for the Education of Health Professionals in Health Promotion  
National Council on Alcoholism and Drug Dependence  
National Council on Disability  
National Council on Health Laboratory Services  
National Council on Patient Information and Education  
National Council on Self-Help and Public Health  
National Council on the Aging  
National Dairy Council  
National Education Association Health Information Network  
National Environmental Health Association  
National Extension Homemakers Council  
National Family Planning and Reproductive Health Association  
National Federation for Specialty Nursing Organizations  
National Federation of State High School Associations  
National Food Processors Association  
National Head Injury Foundation  
National Health Council  
National Health Lawyers Association  
National Hearing Aid Society  
National Institute for Fitness and Sport  
National Kidney Foundation  
National Leadership Coalition on AIDS  
National League for Nursing  
National Lesbian and Gay Health Foundation  
National Medical Association  
National Mental Health Association  
National Migrant Resource Program

National Museum of Health and Medicine  
National Nurses Society on Addictions  
National Organization for Women  
National Organization of State Boards of Education  
National Organization on Adolescent Pregnancy and Parenting  
National Osteoporosis Foundation  
National PTA  
National Pest Control Association  
National Pressure Ulcer Advisory Panel  
National Recreation and Park Association  
National Restaurant Association  
National SAFE KIDS Campaign  
National Safety Council  
National School Boards Association  
National Society of Allied Health  
National Society to Prevent Blindness  
National Strength and Conditioning Association  
National Stroke Association  
National Wellness Institute  
National Women's Health Network  
Network of Employers for Traffic Safety  
North American Association for the Study of Obesity  
Nurses' Association of the American College of Obstetricians and Gynecologists of the  
United States  
Nursing Network on Violence Against Women  
Oncology Nursing Society  
Opticians Association of America  
Paralyzed Veterans of America  
Partnership for Prevention  
People's Medical Society  
Pharmaceutical Manufacturers Association  
Planned Parenthood Federation of America  
Poison Prevention Week Council  
Population Association of America  
Produce Marketing Association  
Public Health and Preventive Podiatric Medicine Committee  
Salt Institute  
Salvation Army  
Sex Information and Education Council of the U.S.  
Society for Hospital Epidemiology of America  
Society for Nutrition Education  
Society for Public Health Education  
Society of Behavioral Medicine  
Society of Prospective Medicine  
Society of State Directors of Health, Physical Education, and Recreation

Society of Teachers of Family Medicine  
State Family Planning Administrators  
Unitarian Universalist Seventh Principle Project  
United States Chamber of Commerce  
United States Conference of Mayors  
United States Eye Injury Registry  
United Way of America  
Visiting Nurse Associations of America  
Voluntary Hospitals of America  
Washington Business Group on Health  
Wellness Councils of America - WELCOA  
Wellness Investment Network  
Western Consortium for Public Health  
Women's Sports Foundation  
YMCA of the USA

## State and Territorial Health Departments

Alabama	Missouri
Alaska	Montana
American Samoa	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
California	New Jersey
Colorado	New Mexico
Connecticut	New York
Delaware	North Carolina
District of Columbia	North Dakota
Florida	Ohio
Georgia	Oklahoma
Guam	Oregon
Hawaii	Pennsylvania
Idaho	Puerto Rico
Illinois	Rhode Island
Indiana	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Kentucky	Texas
Louisiana	Utah
Maine	Vermont
Maryland	Virginia
Massachusetts	Washington
Michigan	West Virginia
Minnesota	Wisconsin
Mississippi	Wyoming

# **Index to Special Populations**





# **Special Populations Index**

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## **Adolescents/Young Adults**

Amateur Athletic Union of the United States, Inc.  
American Academy of Pediatric Dentistry  
American Academy of Pediatrics  
American Dietetic Association  
American Home Economics Association  
American Medical Association  
American Medical Student Association/Foundation  
American School Health Association  
Camp Fire, Inc.  
Girl Scouts of the U.S.A.  
National 4-H Council  
National Association of Pediatric Nurse Associates and Practitioners  
National Center for Health Education  
National Dairy Council  
National Medical Association  
National School Boards Association  
Society for Nutrition Education  
Society of State Directors of Health, Physical Education, and Recreation  
State Family Planning Administrators  
YMCA of the USA

## **Asian Americans**

Asian American Health Forum, Inc.  
YMCA of the USA

## **American Indians/Alaska Natives**

American Indian Health Care Association  
YMCA of the USA

## **Blacks**

American Academy of Ophthalmology  
American Association of Dental Schools  
American Dietetic Association  
Food Marketing Institute  
National Leadership Coalition on AIDS  
National Medical Association  
National Society of Allied Health  
YMCA of the USA

## **Children**

Amateur Athletic Union of the United States, Inc.  
American Academy of Nursing  
American Academy of Ophthalmology  
American Academy of Pain Management  
American Academy of Pediatric Dentistry  
American Academy of Pediatrics  
American Dietetic Association  
American Home Economics Association  
American Hospital Association  
American Lung Association  
American Medical Student Association/Foundation  
American School Food Service Association  
American School Health Association  
Association of State and Territorial Public Health Laboratory Directors  
Camp Fire, Inc.  
Children's National Medical Center/National SAFE KIDS Campaign  
Food Marketing Institute  
Girl Scouts of the U.S.A.  
National 4-H Council  
National Association of Children's Hospitals and Related Institutions  
National Association of State Boards of Education  
National Association of State Nutrition Education and Training Program Coordinators  
National Center for Health Education  
National Committee for Prevention of Child Abuse  
National Dairy Council  
National Education Association Health Information Network  
National School Boards Association  
National Society to Prevent Blindness  
Society for Nutrition Education  
Society of State Directors of Health, Physical Education, and Recreation  
YMCA of the USA

## **People with Disabilities**

American Association of University Affiliated Programs for Persons with Developmental Disabilities  
American Dental Association  
American Osteopathic Academy of Sports Medicine  
American Rehabilitation Counseling Association  
American Speech-Language-Hearing Association  
Arc  
Association of Maternal and Child Health Programs  
Camp Fire, Inc.  
General Federation of Women's Clubs  
Learning Disabilities Association of America  
National Association of Pediatric Nurse Associates and Practitioners

### **People with Disabilities—Continued**

National Mental Health Association  
YMCA of the USA

### **Farmworkers/Rural Populations**

American Academy of Ophthalmology  
Association of State and Territorial Public Health Laboratory Directors  
General Federation of Women's Clubs  
National Migrant Resource Program, Inc. and Migrant Clinicians Network

### **Hispanics**

American Association of Dental Schools  
American Home Economics Association  
American Lung Association  
American Social Health Association  
Asociacion Nacional Pro Personas Mayores  
Maternity Center Association  
National Center for Health Education  
National Coalition of Hispanic Health and Human Service Organizations - COSSMHO  
National Leadership Coalition on AIDS  
National Migrant Resource Program, Inc./Migrant Clinicians Network  
Poison Prevention Week Council  
YMCA of the USA

### **Infants**

American Academy of Pediatric Dentistry  
American Academy of Pediatrics  
Association of State and Territorial Public Health Laboratory Directors  
March of Dimes Birth Defects Foundation  
Maternity Center Association  
National Association of Pediatric Nurse Associates and Practitioners

### **People with Low Incomes**

Academy of General Dentistry  
American Association of Colleges of Nursing  
American Dental Association  
American Home Economics Association  
American Speech-Language-Hearing Association  
Asociacion Nacional Pro Personas Mayores  
Association of State and Territorial Dental Directors  
Association of State and Territorial Public Health Social Work  
Camp Fire, Inc.  
Center for Corporate Public Involvement  
Children's National Medical Center/National SAFE KIDS Campaign  
College of American Pathologists  
General Federation of Women's Clubs

## **People with Low Incomes—Continued**

Healthy Mothers, Healthy Babies Coalition  
International Association for Enterostomal Therapy  
Learning Disabilities Association of America  
Maternity Center Association  
National 4-H Council  
National Association of Pediatric Nurse Associates and Practitioners  
National Association of State Alcohol and Drug Abuse Directors/National Prevention Network  
National Council for International Health  
National Society of Allied Health  
State Family Planning Administrators  
YMCA of the USA

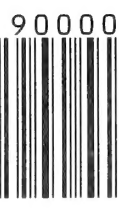
## **Minorities**

American Academy of Family Physicians  
American Academy of Nursing  
American Academy of Pediatrics  
American Association of Dental Schools  
American Association of Public Health Dentistry  
American College Health Association  
American College of Preventive Medicine  
American Home Economics Association  
American Lung Association  
American Medical Student Association/Foundation  
American Speech-Language-Hearing Association  
Association for Vital Records and Health Statistics  
Association of American Medical Colleges  
Association of Schools of Public Health  
Association of State and Territorial Public Health Social Work  
Association of Teachers of Preventive Medicine  
Center for Corporate Public Involvement  
Children's National Medical Center/National SAFE KIDS Campaign  
Employee Assistance Professionals Association, Inc.  
Healthy Mothers, Healthy Babies Coalition  
Learning Disabilities Association of America  
National Association for Public Employee Wellness  
National Association of State Alcohol and Drug Abuse Directors/National Prevention Network  
National Leadership Coalition on AIDS  
National Society of Allied Health  
Oncology Nursing Society  
Produce Marketing Association and Produce for Better Health Foundation  
Society of State Directors of Health, Physical Education, and Recreation  
State Family Planning Administrators

## **Older Adults**

Alliance for Aging Research  
Alliance for Health  
American Academy of Nursing  
American Academy of Ophthalmology  
American Academy of Pain Management  
American Association of Dental Schools  
American Association of Homes for the Aging  
American Association of Retired Persons  
American Dental Association  
American Dietetic Association  
American Geriatrics Society  
American Hospital Association  
American Institute for Preventive Medicine  
American Medical Association  
American Medical Student Association/Foundation  
Asociacion Nacional Pro Personas Mayores  
Association of Schools of Public Health  
Association of State and Territorial Dental Directors  
Gerontological Society of America  
National Alliance of Senior Citizens, Inc.  
National Council on Patient Information and Education  
National Council on the Aging  
National Medical Association  
National Society to Prevent Blindness  
Society for Nutrition Education  
YMCA of the USA

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